

5,111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	3,585	140,834	\$ 1,317,561.54	\$ 9.36	27.555	\$	367.52	\$ 257.79
@PHYSICIANS SERVICES	765	2,207	\$ 32,459.45	\$ 14.71	.432	\$	42.43	\$ 6.35
OUTPATIENT VISITS	12	15	542.40	36.16	.003		45.20	.11
OFFICE VISITS	10	12	408.60	34.05	.002		40.86	.08
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	2	3	133.80	44.60	.001		66.90	.03
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	1	1	46.90	46.90	.000		46.90	.01
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	1	1	46.90	46.90	.000		46.90	.01
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.000		37.15	.01
EXAMINATIONS	1	1	37.15	37.15	.000		37.15	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	3	8	511.60	63.95	.002		170.53	.10
PRINCIPAL SURGEON	3	8	511.60	63.95	.002		170.53	.10
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1	1	8.08	8.08	.000		8.08	.00
RADIOLOGY	5	8	236.47	29.56	.002		47.29	.05
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	1	1	16.00	16.00	.000		16.00	.00
OTHER SERVICES/ALL X-OVERS	748	2,172	31,060.85	14.30	.425		41.53	6.08
@PHARMACY	3,106	59,885	\$ 784,742.97	\$ 13.10	11.717	\$	252.65	\$ 153.54
PRESCRIPTION DRUGS	3,059	11,498	759,139.03	66.02	2.250		248.17	148.53
SNF/ICF	55	314	14,211.12	45.26	.061		258.38	2.78
OUTPATIENTS	3,013	11,184	744,927.91	66.61	2.188		247.24	145.75
MEDICAL SUPPLIES	316	48,387	25,603.94	.53	9.467		81.03	5.01
@DENTIST	217	730	\$ 38,443.75	\$ 52.66	.143	\$	177.16	\$ 7.52
VISITS - DIAGNOSTIC	136	435	6,025.75	13.85	.085		44.31	1.18
ORAL SURGERY	20	48	2,127.00	44.31	.009		106.35	.42
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	16	16	1,290.00	80.63	.003		80.63	.25
ENDODONTICS	9	14	2,825.00	201.79	.003		313.89	.55
RESTORATIVE DENTISTRY	52	118	14,432.00	122.31	.023		277.54	2.82
PROSTHETICS	6	6	200.00	33.33	.001		33.33	.04
DENTURES, STAYPLATES	46	89	11,544.00	129.71	.017		250.96	2.26
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	4	4	.00	.00	.001		.00	.00

5,111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	99	254	\$ 4,716.87	\$ 18.57	.050	\$ 47.65	\$.92
DIAGNOSTIC AND ANC. PROCED	8	8	340.16	42.52	.002	42.52	.07
EYE APPLIANCES	75	212	3,555.14	16.77	.041	47.40	.70
OTHER OPTOMETRIC SERVICES	24	34	821.57	24.16	.007	34.23	.16
@CHIROPRACTOR	2	2	\$ 33.44	\$ 16.72	.000	\$ 16.72	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	33.44	16.72	.000	16.72	.01
@PODIATRIST	65	72	\$ 768.37	\$ 10.67	.014	\$ 11.82	\$.15
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	65	72	768.37	10.67	.014	11.82	.15
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	658	3,029	\$ 153,282.91	\$ 50.61	.593	\$ 232.95	\$ 29.99
HOSP INPATIENT TOTAL	74	333	109,788.56	329.70	.065	1483.63	21.48
HSC HOSPITALS	1	5	5,850.29	1170.06	.001	5850.29	1.14
NON-HSC HOSPITAL TOTAL	8	48	52,722.80	1098.39	.009	6590.35	10.32
ACCOMMODATIONS	8	48	21,457.09	447.02	.009	2682.14	4.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	48	21,457.09	447.02	.009	2682.14	4.20
ANCILLARIES	8	0	31,265.71	.00	.000	3908.21	6.12
INPATIENT CROSSOVERS	65	280	51,215.47	182.91	.055	787.93	10.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	613	2,696	43,494.35	16.13	.527	70.95	8.51
MEDICAL	12	12	394.05	32.84	.002	32.84	.08
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	11	161.74	14.70	.002	40.44	.03
RADIOLOGY	2	2	48.59	24.30	.000	24.30	.01
ROOM USE	4	5	178.44	35.69	.001	44.61	.03
CROSSOVERS/ALL OTH OUTPTNT	598	2,666	42,711.53	16.02	.522	71.42	8.36
@COUNTY HOSPITAL TOTAL	4	7	\$ 58.85	\$ 8.41	.001	\$ 14.71	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	7	58.85	8.41	.001	14.71	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	7	58.85	8.41	.001	14.71	.01

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	655	3,022	\$	153,224.06	\$ 50.70	.591	\$ 233.93	\$ 29.98
COMM HOSP INPATIENT TOTAL	74	333		109,788.56	329.70	.065	1483.63	21.48
HSC HOSPITALS	1	5		5,850.29	1170.06	.001	5850.29	1.14
NON-HSC HOSPITALS TOTAL	8	48		52,722.80	1098.39	.009	6590.35	10.32
ACCOMMODATIONS	8	48		21,457.09	447.02	.009	2682.14	4.20
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	48		21,457.09	447.02	.009	2682.14	4.20
ANCILLARIES	8	0		31,265.71	.00	.000	3908.21	6.12
INPATIENT CROSSOVERS	65	280		51,215.47	182.91	.055	787.93	10.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	610	2,689		43,435.50	16.15	.526	71.21	8.50
MEDICAL	12	12		394.05	32.84	.002	32.84	.08
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	11		161.74	14.70	.002	40.44	.03
RADIOLOGY	2	2		48.59	24.30	.000	24.30	.01
ROOM USE	4	5		178.44	35.69	.001	44.61	.03
CROSSOVERS/ALL OTH OUTPTNT	595	2,659		42,652.68	16.04	.520	71.69	8.35
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	57	1,227	\$	184,262.84	\$ 150.17	.240	\$ 3232.68	\$ 36.05
LEV A-INTERMEDIATE	1	61		5,161.82	84.62	.012	5161.82	1.01
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	56	1,166		179,101.02	153.60	.228	3198.23	35.04
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	14	\$	204.95	\$ 14.64	.003	\$ 51.24	\$.04
PATHOLOGY	1	10		137.86	13.79	.002	137.86	.03
XO AND OTHERS	3	4		67.09	16.77	.001	22.36	.01
@ORGANIZED OUTPATIENT CLINIC	83	149	\$	11,254.70	\$ 75.53	.029	\$ 135.60	\$ 2.20
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	21	25		4,484.27	179.37	.005	213.54	.88
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	62	124		6,770.43	54.60	.024	109.20	1.32

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,564
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

	5,111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	510		73,265	\$ 107,391.29	\$ 1.47	14.335	\$ 210.57	\$ 21.01
DURABLE MED. EQUIP.	1		1	45.00	45.00	.000	45.00	.01
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6		7	1,548.26	221.18	.001	258.04	.30
MEDICAL TRANSPORTATION	35		402	2,082.27	5.18	.079	59.49	.41
AMBULANCES/AIR TRANS	3		7	375.13	53.59	.001	125.04	.07
OTHER TRANS	11		87	364.59	4.19	.017	33.14	.07

OTHER SERVICES	23	308	1,342.55	4.36	.060	58.37	.26
ACUPUNCTURE	3	7	135.16	19.31	.001	45.05	.03
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	156	858	66,827.55	77.89	.168	428.38	13.08
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	86	196	2,392.87	12.21	.038	27.82	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	8	5.58	.70	.002	.80	.00
PROSTHETIST/ORTHOTISTS	2	3	55.76	18.59	.001	27.88	.01
PROSTHETICS	2	3	55.76	18.59	.001	27.88	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	.33	.33	.000	.33	.00
SPEECH AND AUDIOLOGY	6	12	3,348.05	279.00	.002	558.01	.66
HOSPICE SERVICES	4	61	6,735.17	110.41	.012	1683.79	1.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	261	71,709	24,215.29	.34	14.030	92.78	4.74
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1,439	8,030	181,754.46	22.63	1.571	126.31	35.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,565
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND	AID CODE 20	

578 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	422	24,474	\$ 311,501.83	\$ 12.73	42.343	\$ 738.16	\$ 538.93
@PHYSICIANS SERVICES	148	427	\$ 15,135.47	\$ 35.45	.739	\$ 102.27	\$ 26.19
OUTPATIENT VISITS	69	99	3,061.10	30.92	.171	44.36	5.30
OFFICE VISITS	34	47	1,201.14	25.56	.081	35.33	2.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	16	1,045.83	65.36	.028	74.70	1.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	26	36	814.13	22.61	.062	31.31	1.41
INPATIENT VISITS	12	63	2,799.50	44.44	.109	233.29	4.84
HOSPITAL VISITS	10	61	2,416.96	39.62	.106	241.70	4.18
CRITICAL CARE	2	2	382.54	191.27	.003	191.27	.66
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	271.41	45.24	.010	45.24	.47
EXAMINATIONS	6	6	271.41	45.24	.010	45.24	.47
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	36	2,381.76	66.16	.062	396.96	4.12
PRINCIPAL SURGEON	5	9	1,805.52	200.61	.016	361.10	3.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	27	576.24	21.34	.047	288.12	1.00
OUTPATIENT SURGERY	12	25	2,495.97	99.84	.043	208.00	4.32
PRINCIPAL SURGEON	10	12	2,217.96	184.83	.021	221.80	3.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	278.01	21.39	.022	139.01	.48
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	7	219.74	31.39	.012	36.62	.38
RADIOLOGY	31	51	1,551.07	30.41	.088	50.03	2.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	63	140		2,354.92		16.82	.242	37.38	4.07
@PHARMACY	374	8,788	\$	125,328.25	\$	14.26	15.204	\$ 335.10	\$ 216.83
PRESCRIPTION DRUGS	365	1,411		112,918.29		80.03	2.441	309.37	195.36
SNF/ICF	11	94		4,561.54		48.53	.163	414.69	7.89
OUTPATIENTS	354	1,317		108,356.75		82.28	2.279	306.09	187.47
MEDICAL SUPPLIES	77	7,377		12,409.96		1.68	12.763	161.17	21.47
@DENTIST	24	140	\$	5,045.00	\$	36.04	.242	\$ 210.21	\$ 8.73
VISITS - DIAGNOSTIC	17	83		894.00		10.77	.144	52.59	1.55
ORAL SURGERY	5	36		1,512.00		42.00	.062	302.40	2.62
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	2	2		173.00		86.50	.003	86.50	.30
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	14		666.00		47.57	.024	166.50	1.15
PROSTHETICS	0	0		.00		.00	.000	.00	.00

DENTURES, STAYPLATES	2	4	1,800.00	450.00	.007	900.00	3.11
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,566
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

578 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	29	\$ 2,327.09	\$ 80.24	.050	\$ 211.55	\$ 4.03
DIAGNOSTIC AND ANC. PROCED	4	4	245.12	61.28	.007	61.28	.42
EYE APPLIANCES	10	25	2,081.97	83.28	.043	208.20	3.60
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	13	15	\$ 215.19	\$ 14.35	.026	\$ 16.55	\$.37
MEDICINE/INJECTIONS	5	5	112.20	22.44	.009	22.44	.19
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	8	10	102.99	10.30	.017	12.87	.18
@HOME HEALTH AGENCY	9	61	\$ 4,498.36	\$ 73.74	.106	\$ 499.82	\$ 7.78
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	96	454	\$ 83,298.44	\$ 183.48	.785	\$ 867.69	\$ 144.11
HOSP INPATIENT TOTAL	14	112	75,612.30	675.11	.194	5400.88	130.82
HSC HOSPITALS	4	18	21,030.00	1168.33	.031	5257.50	36.38
NON-HSC HOSPITAL TOTAL	4	43	49,742.96	1156.81	.074	12435.74	86.06
ACCOMMODATIONS	4	43	22,315.60	518.97	.074	5578.90	38.61
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.003	462.60	.80
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	41	21,853.00	533.00	.071	7284.33	37.81
ANCILLARIES	4	0	27,427.36	.00	.000	6856.84	47.45
INPATIENT CROSSOVERS	6	51	4,839.34	94.89	.088	806.56	8.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	88	342	7,686.14	22.47	.592	87.34	13.30
MEDICAL	8	12	292.99	24.42	.021	36.62	.51
SURGERY	1	1	97.49	97.49	.002	97.49	.17
PATHOLOGY	21	79	1,084.26	13.72	.137	51.63	1.88
RADIOLOGY	13	15	882.24	58.82	.026	67.86	1.53
ROOM USE	43	84	2,839.76	33.81	.145	66.04	4.91
CROSSOVERS/ALL OTH OUTPTNT	42	151	2,489.40	16.49	.261	59.27	4.31
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,567
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

578 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	96	454	\$ 83,298.44	\$ 183.48	.785	\$ 867.69	\$ 144.11
COMM HOSP INPATIENT TOTAL	14	112	75,612.30	675.11	.194	5400.88	130.82
HSC HOSPITALS	4	18	21,030.00	1168.33	.031	5257.50	36.38
NON-HSC HOSPITALS TOTAL	4	43	49,742.96	1156.81	.074	12435.74	86.06
ACCOMMODATIONS	4	43	22,315.60	518.97	.074	5578.90	38.61
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.003	462.60	.80
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	41	21,853.00	533.00	.071	7284.33	37.81
ANCILLARIES	4	0	27,427.36	.00	.000	6856.84	47.45
INPATIENT CROSSOVERS	6	51	4,839.34	94.89	.088	806.56	8.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	88	342	7,686.14	22.47	.592	87.34	13.30
MEDICAL	8	12	292.99	24.42	.021	36.62	.51
SURGERY	1	1	97.49	97.49	.002	97.49	.17
PATHOLOGY	21	79	1,084.26	13.72	.137	51.63	1.88
RADIOLOGY	13	15	882.24	58.82	.026	67.86	1.53
ROOM USE	43	84	2,839.76	33.81	.145	66.04	4.91
CROSSOVERS/ALL OTH OUTPTNT	42	151	2,489.40	16.49	.261	59.27	4.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	293	\$ 40,466.14	\$ 138.11	.507	\$ 8093.23	\$ 70.01
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	293	40,466.14	138.11	.507	8093.23	70.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	28	\$ 541.91	\$ 19.35	.048	\$ 135.48	\$.94
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	4	28	541.91	19.35	.048	135.48	.94
@LABORATORY FACILITY	10	70	\$ 962.79	\$ 13.75	.121	\$ 96.28	\$ 1.67
PATHOLOGY	10	70	962.79	13.75	.121	96.28	1.67
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	22	29	\$ 2,717.32	\$ 93.70	.050	\$ 123.51	\$ 4.70
CLINIC	1	3	98.52	32.84	.005	98.52	.17
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	21	26	2,618.80	100.72	.045	124.70	4.53

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,568
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

578 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	72	14,140	\$ 30,965.87	\$ 2.19	24.464	\$ 430.08
DURABLE MED. EQUIP.	5	24	16,115.46	671.48	.042	3223.09
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	1	1	653.20	653.20	.002	653.20
MEDICAL TRANSPORTATION	15	293	2,296.82	7.84	.507	153.12
AMBULANCES/AIR TRANS	13	253	2,236.34	8.84	.438	172.03
OTHER TRANS	1	8	39.61	4.95	.014	39.61
OTHER SERVICES	1	32	20.87	.65	.055	20.87
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	20	97	7,750.21	79.90	.168	387.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	3	6	74.04	12.34	.010	24.68
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	1	1	168.00	168.00	.002	168.00
PROSTHETICS	1	1	168.00	168.00	.002	168.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	4	6	1,037.10	172.85	.010	259.28
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	28	13,712	2,871.04	.21	23.723	102.54
@CALIF. CHILDREN SERVICES*	19	175	\$ 34,718.81	\$ 198.39	.303	\$ 1827.31
@XOVER EXCLUDING STATE HOSP**	93	354	\$ 9,466.23	\$ 26.74	.612	\$ 101.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,569
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

27,314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20,390	554,016	\$ 13,829,781.52	\$ 24.96	20.283	\$ 678.26
@PHYSICIANS SERVICES	6,520	21,225	\$ 806,485.31	\$ 38.00	.777	\$ 123.69
OUTPATIENT VISITS	3,525	5,233	207,419.69	39.64	.192	58.84
OFFICE VISITS	2,143	2,849	93,750.81	32.91	.104	43.75
HOME VISITS	2	2	114.40	57.20	.000	57.20
EMERGENCY ROOM	1,227	1,578	94,266.67	59.74	.058	76.83
PREVENTIVE CARE	2	2	109.63	54.82	.000	54.82
OB VISITS/COMPRE PERI	21	37	2,108.50	56.99	.001	100.40
OTHER OUTPATIENT	615	765	17,069.68	22.31	.028	27.76
INPATIENT VISITS	359	1,715	96,784.12	56.43	.063	269.59
HOSPITAL VISITS	321	1,458	68,730.16	47.14	.053	214.11
CRITICAL CARE	35	193	25,795.28	133.65	.007	737.01
SNF/ICF/TRANS IP CARE	32	64	2,258.68	35.29	.002	70.58
OPHTHALMOLOGICAL SERVICES	87	100	4,323.72	43.24	.004	49.70
EXAMINATIONS	76	84	3,843.72	45.76	.003	50.58
SERVICES AND MATERIALS	16	16	480.00	30.00	.001	30.00
INPATIENT HOSPITAL SURGERY	181	1,314	79,409.27	60.43	.048	438.73
PRINCIPAL SURGEON	128	185	58,804.24	317.86	.007	459.41

ASSISTANT SURGEON	13	13	2,195.70	168.90	.000	168.90	.08
ANESTHESIOLOGIST	75	1,116	18,409.33	16.50	.041	245.46	.67
OUTPATIENT SURGERY	551	1,579	105,541.72	66.84	.058	191.55	3.86
PRINCIPAL SURGEON	469	623	85,398.56	137.08	.023	182.09	3.13
ASSISTANT SURGEON	3	3	183.54	61.18	.000	61.18	.01
ANESTHESIOLOGIST	120	953	19,959.62	20.94	.035	166.33	.73
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	460	855	21,688.24	25.37	.031	47.15	.79
RADIOLOGY	1,356	2,728	127,269.23	46.65	.100	93.86	4.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	98	1,003	39,560.27	39.44	.037	403.68	1.45
OTHER SERVICES/ALL X-OVERS	2,647	6,698	124,489.05	18.59	.245	47.03	4.56
@PHARMACY	17,091	261,306	\$ 6,640,869.62	\$ 25.41	9.567	\$ 388.56	\$ 243.13
PRESCRIPTION DRUGS	16,929	68,842	6,449,674.12	93.69	2.520	380.98	236.13
SNF/ICF	195	1,377	86,455.43	62.79	.050	443.36	3.17
OUTPATIENTS	16,768	67,465	6,363,218.69	94.32	2.470	379.49	232.97
MEDICAL SUPPLIES	1,516	192,464	191,195.50	.99	7.046	126.12	7.00
@DENTIST	1,809	7,498	\$ 406,685.15	\$ 54.24	.275	\$ 224.81	\$ 14.89
VISITS - DIAGNOSTIC	1,119	3,833	56,439.02	14.72	.140	50.44	2.07
ORAL SURGERY	246	672	35,040.84	52.14	.025	142.44	1.28
DRUGS	3	3	.00	.00	.000	.00	.00
ANESTHESIA	5	5	500.00	100.00	.000	100.00	.02
PERIODONTICS	154	168	17,601.05	104.77	.006	114.29	.64
ENDODONTICS	158	267	66,271.00	248.21	.010	419.44	2.43
RESTORATIVE DENTISTRY	620	1,859	163,591.44	88.00	.068	263.86	5.99
PROSTHETICS	15	15	300.00	20.00	.001	20.00	.01
DENTURES, STAYPLATES	161	584	62,551.80	107.11	.021	388.52	2.29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	6	6	550.00	91.67	.000	91.67	.02
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.01
ORTHODONTIC SERVICES	27	64	3,625.00	56.64	.002	134.26	.13
ALL OTHER SERVICES	23	21	75.00	3.57	.001	3.26	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60		PAGE 2,570	
						01/29/04	

		----- MONTHLY AVERAGE -----						
27,314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	652	1,907	\$ 41,470.64	\$ 21.75	.070	\$ 63.61	\$ 1.52	
DIAGNOSTIC AND ANC. PROCED	325	331	15,083.52	45.57	.012	46.41	.55	
EYE APPLIANCES	518	1,482	24,251.37	16.36	.054	46.82	.89	
OTHER OPTOMETRIC SERVICES	66	94	2,135.75	22.72	.003	32.36	.08	
@CHIROPRACTOR	16	30	455.62	\$ 15.19	.001	\$ 28.48	\$.02	
VISITS	16	30	455.62	15.19	.001	28.48	.02	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	109	162	\$ 2,826.24	\$ 17.45	.006	\$ 25.93	\$.10	
MEDICINE/INJECTIONS	19	21	690.80	32.90	.001	36.36	.03	
SURGERY/ANES.	1	1	13.00	13.00	.000	13.00	.00	
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00	
OTHER	91	138	2,087.84	15.13	.005	22.94	.08	
@HOME HEALTH AGENCY	100	2,245	\$ 95,767.78	\$ 42.66	.082	\$ 957.68	\$ 3.51	
NURSE ANESTHESIST	10	71	\$ 371.81	\$ 5.24	.003	\$ 37.18	\$.01	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	9	16	\$ 350.23	\$ 21.89	.001	\$ 38.91	\$.01	
@TOTAL HOSPITAL	5,438	29,397	\$ 3,979,586.39	\$ 135.37	1.076	\$ 731.81	\$ 145.70	
HOSP INPATIENT TOTAL	436	2,338	3,294,005.82	1408.90	.086	7555.06	120.60	
HSC HOSPITALS	75	542	759,601.50	1401.48	.020	10128.02	27.81	
NON-HSC HOSPITAL TOTAL	215	1,314	2,418,508.26	1840.57	.048	11248.88	88.54	
ACCOMMODATIONS	214	1,314	734,762.92	559.18	.048	3433.47	26.90	

ADMINISTRATIVE DAYS	7	75	17,347.50	231.30	.003	2478.21	.64
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	212	1,239	717,415.42	579.03	.045	3384.04	26.27
ANCILLARIES	215	0	1,683,745.34	.00	.000	7831.37	61.64
INPATIENT CROSSOVERS	149	482	115,896.06	240.45	.018	777.83	4.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,206	27,059	685,580.57	25.34	.991	131.69	25.10
MEDICAL	816	1,412	45,091.10	31.93	.052	55.26	1.65
SURGERY	283	307	13,334.98	43.44	.011	47.12	.49
PATHOLOGY	2,075	10,234	125,253.33	12.24	.375	60.36	4.59
RADIOLOGY	1,249	1,934	159,028.62	82.23	.071	127.32	5.82
ROOM USE	2,131	3,671	134,018.81	36.51	.134	62.89	4.91
CROSSOVERS/ALL OTH OUTPTNT	2,543	9,501	208,853.73	21.98	.348	82.13	7.65
@COUNTY HOSPITAL TOTAL	16	48	\$ 23,722.89	\$ 494.23	.002	\$ 1482.68	\$.87
CO HOSPITAL INPATIENT TOTAL	3	21	22,358.00	1064.67	.001	7452.67	.82
HSC HOSPITALS	3	21	22,358.00	1064.67	.001	7452.67	.82

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	27	1,364.89	50.55	.001	104.99	.05
MEDICAL	5	5	113.25	22.65	.000	22.65	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	50.19	16.73	.000	50.19	.00
RADIOLOGY	2	3	81.14	27.05	.000	40.57	.00
ROOM USE	6	6	207.40	34.57	.000	34.57	.01
CROSSOVERS/ALL OTH OUTPTNT	5	10	912.91	91.29	.000	182.58	.03

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

PAGE 2,571 01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
27,314 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	5,428	29,349	\$ 3,955,863.50	\$ 134.79	1.075	\$ 728.79	\$ 144.83
COMM HOSP INPATIENT TOTAL	434	2,317	3,271,647.82	1412.02	.085	7538.36	119.78
HSC HOSPITALS	72	521	737,243.50	1415.05	.019	10239.49	26.99
NON-HSC HOSPITALS TOTAL	215	1,314	2,418,508.26	1840.57	.048	11248.88	88.54
ACCOMMODATIONS	214	1,314	734,762.92	559.18	.048	3433.47	26.90
ADMINISTRATIVE DAYS	7	75	17,347.50	231.30	.003	2478.21	.64
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	212	1,239	717,415.42	579.03	.045	3384.04	26.27
ANCILLARIES	215	0	1,683,745.34	.00	.000	7831.37	61.64
INPATIENT CROSSOVERS	149	482	115,896.06	240.45	.018	777.83	4.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,198	27,032	684,215.68	25.31	.990	131.63	25.05
MEDICAL	812	1,407	44,977.85	31.97	.052	55.39	1.65
SURGERY	283	307	13,334.98	43.44	.011	47.12	.49
PATHOLOGY	2,074	10,231	125,203.14	12.24	.375	60.37	4.58
RADIOLOGY	1,248	1,931	158,947.48	82.31	.071	127.36	5.82
ROOM USE	2,127	3,665	133,811.41	36.51	.134	62.91	4.90
CROSSOVERS/ALL OTH OUTPTNT	2,539	9,491	207,940.82	21.91	.347	81.90	7.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	120	3,373	\$ 523,277.81	\$ 155.14	.123	\$ 4360.65	\$ 19.16
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	6	211	26,260.55	124.46	.008	4376.76	.96
LEV B-SUBACUTE FREESTANDING	2	50	19,434.65	388.69	.002	9717.33	.71
LEV B-SUBACUTE HSPTL BASED	2	75	43,309.95	577.47	.003	21654.98	1.59
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	110	3,037	434,272.66	142.99	.111	3947.93	15.90
@INTERMEDIATE CARE FACIL.-DD	1	29	\$ 5,300.91	\$ 182.79	.001	\$ 5300.91	\$.19
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	29	5,300.91	182.79	.001	5300.91	.19
@HEMODIALYSIS TOTAL	27	32	\$ 15,785.82	\$ 493.31	.001	\$ 584.66	\$.58
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	27	32	15,785.82	493.31	.001	584.66	.58
@REHABILITATION FACILITY	79	1,259	\$ 18,992.31	\$ 15.09	.046	\$ 240.41	\$.70
HOSPITAL BASED	10	21	1,075.74	51.23	.001	107.57	.04
INDEPENDENT FACILITY	69	1,238	17,916.57	14.47	.045	259.66	.66
@LABORATORY FACILITY	563	2,687	\$ 36,702.90	\$ 13.66	.098	\$ 65.19	\$ 1.34

PATHOLOGY	556	2,678		36,525.62		13.64	.098	65.69	1.34
XO AND OTHERS	7	9		177.28		19.70	.000	25.33	.01
@ORGANIZED OUTPATIENT CLINIC	2,211	4,223	\$	496,911.54	\$	117.67	.155	\$ 224.75	\$ 18.19
CLINIC	82	209		4,273.32		20.45	.008	52.11	.16
SURGICENTER	66	249		12,453.58		50.01	.009	188.69	.46
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2,082	3,765		480,184.64		127.54	.138	230.64	17.58

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,572
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
27,314 ELIGIBLES							
@ALL OTHER PROVIDERS	2,767	218,556	\$ 757,941.44	\$ 3.47	8.002	\$ 273.92	\$ 27.75
DURABLE MED. EQUIP.	301	1,417	226,728.55	160.01	.052	753.25	8.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	11	1,690.70	153.70	.000	187.86	.06
MEDICAL TRANSPORTATION	567	17,847	99,998.54	5.60	.653	176.36	3.66
AMBULANCES/AIR TRANS	509	5,665	66,413.47	11.72	.207	130.48	2.43
OTHER TRANS	18	11,368	20,362.55	1.79	.416	1131.25	.75
OTHER SERVICES	49	814	13,222.52	16.24	.030	269.85	.48
ACUPUNCTURE	10	33	600.12	18.19	.001	60.01	.02
ADULT DAY HEALTH CARE CTR	36	593	41,200.83	69.48	.022	1144.47	1.51
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	144	1,269	78,186.64	61.61	.046	542.96	2.86
OCCUPATIONAL THERAPIST	2	5	103.00	20.60	.000	51.50	.00
OPTICIAN	489	1,057	11,617.97	10.99	.039	23.76	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	9	57.22	6.36	.000	11.44	.00
PROSTHETIST/ORTHOTISTS	60	181	23,991.22	132.55	.007	399.85	.88
PROSTHETICS	60	181	23,991.22	132.55	.007	399.85	.88
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	288	754	32,919.28	43.66	.028	114.30	1.21
HOSPICE SERVICES	13	291	35,024.50	120.36	.011	2694.19	1.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	337	14,891	85,918.40	5.77	.545	254.95	3.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	700	180,195	119,589.47	.66	6.597	170.84	4.38
@CALIF. CHILDREN SERVICES*	366	12,957	\$ 903,838.77	\$ 69.76	.474	\$ 2469.50	\$ 33.09
@XOVER EXCLUDING STATE HOSP**	3,206	20,533	\$ 354,163.33	\$ 17.25	.752	\$ 110.47	\$ 12.97

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,573
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
28,610 ELIGIBLES							
@TOTAL, ALL PROVIDERS	14,363	72,591	\$ 4,012,810.57	\$ 55.28	2.537	\$ 279.39	\$ 140.26
@PHYSICIANS SERVICES	5,730	12,804	\$ 597,993.21	\$ 46.70	.448	\$ 104.36	\$ 20.90
OUTPATIENT VISITS	4,590	6,077	245,694.90	40.43	.212	53.53	8.59
OFFICE VISITS	2,536	3,136	110,512.47	35.24	.110	43.58	3.86
HOME VISITS	1	1	37.42	37.42	.000	37.42	.00
EMERGENCY ROOM	1,874	2,181	106,589.62	48.87	.076	56.88	3.73
PREVENTIVE CARE	33	33	1,532.63	46.44	.001	46.44	.05
OB VISITS/COMPRE PERI	140	230	16,374.40	71.19	.008	116.96	.57

OTHER OUTPATIENT	412	496		10,648.36	21.47	.017	25.85	.37	
INPATIENT VISITS	210	683		38,914.66	56.98	.024	185.31	1.36	
HOSPITAL VISITS	205	570		26,208.35	45.98	.020	127.85	.92	
CRITICAL CARE	19	112		12,634.21	112.81	.004	664.96	.44	
SNF/ICF/TRANS IP CARE	1	1		72.10	72.10	.000	72.10	.00	
OPHTHALMOLOGICAL SERVICES	39	48		2,073.48	43.20	.002	53.17	.07	
EXAMINATIONS	38	44		1,953.48	44.40	.002	51.41	.07	
SERVICES AND MATERIALS	4	4		120.00	30.00	.000	30.00	.00	
INPATIENT HOSPITAL SURGERY	213	1,008		125,539.47	124.54	.035	589.39	4.39	
PRINCIPAL SURGEON	158	237		106,654.66	450.02	.008	675.03	3.73	
ASSISTANT SURGEON	17	17		2,965.00	174.41	.001	174.41	.10	
ANESTHESIOLOGIST	66	754		15,919.81	21.11	.026	241.21	.56	
OUTPATIENT SURGERY	438	1,238		76,452.87	61.76	.043	174.55	2.67	
PRINCIPAL SURGEON	355	447		59,556.24	133.24	.016	167.76	2.08	
ASSISTANT SURGEON	2	2		153.39	76.70	.000	76.70	.01	
ANESTHESIOLOGIST	111	789		16,743.24	21.22	.028	150.84	.59	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	566	753		13,671.26	18.16	.026	24.15	.48	
RADIOLOGY	939	1,310		49,712.27	37.95	.046	52.94	1.74	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	97	221		15,665.65	70.89	.008	161.50	.55	
OTHER SERVICES/ALL X-OVERS	417	1,466		30,268.65	20.65	.051	72.59	1.06	
@PHARMACY	6,960	21,586	\$	821,562.63	38.06	.754	118.04	\$ 28.72	
PRESCRIPTION DRUGS	6,923	15,501		812,491.44	52.42	.542	117.36	28.40	
SNF/ICF	22	131		7,408.25	56.55	.005	336.74	.26	
OUTPATIENTS	6,907	15,370		805,083.19	52.38	.537	116.56	28.14	
MEDICAL SUPPLIES	127	6,085		9,071.19	1.49	.213	71.43	.32	
@DENTIST	2,108	9,845	\$	371,596.95	37.74	.344	176.28	\$ 12.99	
VISITS - DIAGNOSTIC	1,436	6,003		92,983.00	15.49	.210	64.75	3.25	
ORAL SURGERY	248	521		30,649.00	58.83	.018	123.58	1.07	
DRUGS	16	19		365.00	19.21	.001	22.81	.01	
ANESTHESIA	5	5		500.00	100.00	.000	100.00	.02	
PERIODONTICS	66	68		6,542.00	96.21	.002	99.12	.23	
ENDODONTICS	194	348		60,991.00	175.26	.012	314.39	2.13	
RESTORATIVE DENTISTRY	822	2,611		161,957.50	62.03	.091	197.03	5.66	
PROSTHETICS	2	2		60.00	30.00	.000	30.00	.00	
DENTURES, STAYPLATES	22	104		8,002.45	76.95	.004	363.75	.28	
SPACE MAINTAINERS	15	20		2,062.00	103.10	.001	137.47	.07	
MAXILLOFACIAL SERVICES	2	2		350.00	175.00	.000	175.00	.01	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	73	98		6,685.00	68.21	.003	91.58	.23	
ALL OTHER SERVICES	48	44		450.00	10.23	.002	9.38	.02	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,574
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G								

@HOME HEALTH AGENCY	15	37	\$	2,253.62	\$	60.91	.001	\$	150.24	\$	.08
NURSE ANESTHESIST	6	52	\$	743.55	\$	14.30	.002	\$	123.93	\$	.03
NURSE MIDWIFE	5	46	\$	2,435.48	\$	52.95	.002	\$	487.10	\$	.09
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	9	13	\$	354.37	\$	27.26	.000	\$	39.37	\$	.01
@TOTAL HOSPITAL	3,661	14,570	\$	1,651,570.95	\$	113.35	.509	\$	451.13	\$	57.73
HOSP INPATIENT TOTAL	213	868		1,298,654.12		1496.15	.030		6096.97		45.39
HSC HOSPITALS	55	240		301,989.12		1258.29	.008		5490.71		10.56
NON-HSC HOSPITAL TOTAL	160	628		996,665.00		1587.05	.022		6229.16		34.84
ACCOMMODATIONS	155	628		318,099.68		506.53	.022		2052.26		11.12
ADMINISTRATIVE DAYS	2	32		7,401.60		231.30	.001		3700.80		.26
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	153	596		310,698.08		521.31	.021		2030.71		10.86
ANCILLARIES	160	0		678,565.32		.00	.000		4241.03		23.72
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,584	13,702		352,916.83		25.76	.479		98.47		12.34
MEDICAL	579	822		19,400.42		23.60	.029		33.51		.68
SURGERY	300	348		11,852.75		34.06	.012		39.51		.41
PATHOLOGY	1,390	5,027		70,777.81		14.08	.176		50.92		2.47
RADIOLOGY	888	1,195		71,208.64		59.59	.042		80.19		2.49
ROOM USE	2,673	3,776		141,371.37		37.44	.132		52.89		4.94
CROSSOVERS/ALL OTH OUTPTNT	1,284	2,534		38,305.84		15.12	.089		29.83		1.34
@COUNTY HOSPITAL TOTAL	11	59	\$	21,900.02	\$	371.19	.002	\$	1990.91	\$	.77
CO HOSPITAL INPATIENT TOTAL	1	19		20,425.02		1075.00	.001		20425.02		.71
HSC HOSPITALS	1	19		20,425.02		1075.00	.001		20425.02		.71
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	10	40		1,475.00		36.88	.001		147.50		.05
MEDICAL	4	5		187.46		37.49	.000		46.87		.01
SURGERY	2	3		147.81		49.27	.000		73.91		.01
PATHOLOGY	2	5		43.79		8.76	.000		21.90		.00
RADIOLOGY	3	5		321.24		64.25	.000		107.08		.01
ROOM USE	9	12		574.63		47.89	.000		63.85		.02
CROSSOVERS/ALL OTH OUTPTNT	5	10		200.07		20.01	.000		40.01		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,575
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	28,610 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,652	14,511	\$	1,629,670.93	\$ 112.31	.507	\$ 446.24	\$ 56.96
COMM HOSP INPATIENT TOTAL	212	849		1,278,229.10	1505.57	.030	6029.38	44.68
HSC HOSPITALS	54	221		281,564.10	1274.05	.008	5214.15	9.84
NON-HSC HOSPITALS TOTAL	160	628		996,665.00	1587.05	.022	6229.16	34.84
ACCOMMODATIONS	155	628		318,099.68	506.53	.022	2052.26	11.12
ADMINISTRATIVE DAYS	2	32		7,401.60	231.30	.001	3700.80	.26
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	153	596		310,698.08	521.31	.021	2030.71	10.86
ANCILLARIES	160	0		678,565.32	.00	.000	4241.03	23.72
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,576	13,662		351,441.83	25.72	.478	98.28	12.28
MEDICAL	575	817		19,212.96	23.52	.029	33.41	.67

SURGERY	298	345		11,704.94		33.93	.012	39.28	.41
PATHOLOGY	1,388	5,022		70,734.02		14.08	.176	50.96	2.47
RADIOLOGY	885	1,190		70,887.40		59.57	.042	80.10	2.48
ROOM USE	2,666	3,764		140,796.74		37.41	.132	52.81	4.92
CROSSOVERS/ALL OTH OUTPTNT	1,279	2,524		38,105.77		15.10	.088	29.79	1.33
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1	11	\$	2,600.18	\$	236.38	.000	\$ 2600.18	\$.09
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1	11		2,600.18		236.38	.000	2600.18	.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	10	22	\$ 876.33	\$ 39.83	.001	\$ 87.63	\$.03
HOSPITAL BASED	7	17	765.03	45.00	.001	109.29	.03
INDEPENDENT FACILITY	3	5	111.30	22.26	.000	37.10	.00
@LABORATORY FACILITY	511	1,572	\$ 26,540.24	\$ 16.88	.055	\$ 51.94	\$.93
PATHOLOGY	511	1,572	26,540.24	16.88	.055	51.94	.93
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,179	4,108	\$ 423,288.45	\$ 103.04	.144	\$ 194.26	\$ 14.80
CLINIC	388	1,186	22,878.78	19.29	.041	58.97	.80
SURGICENTER	48	272	10,065.52	37.01	.010	209.70	.35
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,764	2,650	390,344.15	147.30	.093	221.28	13.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,576
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
28,610 ELIGIBLES							
@ALL OTHER PROVIDERS	1,295	6,568	\$ 79,835.34	\$ 12.16	.230	\$ 61.65	\$ 2.79
DURABLE MED. EQUIP.	28	39	3,769.49	96.65	.001	134.62	.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	425.53	425.53	.000	425.53	.01
MEDICAL TRANSPORTATION	211	2,819	33,676.17	11.95	.099	159.60	1.18
AMBULANCES/AIR TRANS	210	2,797	28,219.59	10.09	.098	134.38	.99
OTHER TRANS	2	19	56.58	2.98	.001	28.29	.00
OTHER SERVICES	3	3	5,400.00	1800.00	.000	1800.00	.19
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	28	28	2,840.00	101.43	.001	101.43	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	320	670	5,984.61	8.93	.023	18.70	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	18	30	2,886.65	96.22	.001	160.37	.10
PROSTHETICS	18	30	2,886.65	96.22	.001	160.37	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	8	484.23	60.53	.000	161.41	.02
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,046.55	1046.55	.000	1046.55	.04
LOCAL EDUCATION AGENCIES	690	2,964	28,402.78	9.58	.104	41.16	.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	8	319.33	39.92	.000	79.83	.01
@CALIF. CHILDREN SERVICES*	113	832	\$ 140,670.44	\$ 169.08	.029	\$ 1244.87	\$ 4.92
@XOVER EXCLUDING STATE HOSP**	3	5	\$ 67.79	\$ 13.56	.000	\$ 22.60	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,577
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL	

----- MONTHLY AVERAGE -----

61,613 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38,760	791,915	\$ 19,471,655.46	\$ 24.59	12.853	\$ 502.36	\$ 316.03
@PHYSICIANS SERVICES	13,163	36,663	\$ 1,452,073.44	\$ 39.61	.595	\$ 110.31	\$ 23.57
OUTPATIENT VISITS	8,196	11,424	456,718.09	39.98	.185	55.72	7.41
OFFICE VISITS	4,723	6,044	205,873.02	34.06	.098	43.59	3.34
HOME VISITS	3	3	151.82	50.61	.000	50.61	.00
EMERGENCY ROOM	3,117	3,778	202,035.92	53.48	.061	64.82	3.28
PREVENTIVE CARE	35	35	1,642.26	46.92	.001	46.92	.03
OB VISITS/COMPRI PERI	161	267	18,482.90	69.22	.004	114.80	.30
OTHER OUTPATIENT	1,053	1,297	28,532.17	22.00	.021	27.10	.46
INPATIENT VISITS	582	2,462	138,545.18	56.27	.040	238.05	2.25
HOSPITAL VISITS	536	2,089	97,355.47	46.60	.034	181.63	1.58
CRITICAL CARE	56	307	38,812.03	126.42	.005	693.07	.63
SNF/ICF/TRANS IP CARE	34	66	2,377.68	36.03	.001	69.93	.04
OPHTHALMOLOGICAL SERVICES	133	155	6,705.76	43.26	.003	50.42	.11
EXAMINATIONS	121	135	6,105.76	45.23	.002	50.46	.10
SERVICES AND MATERIALS	20	20	600.00	30.00	.000	30.00	.01
INPATIENT HOSPITAL SURGERY	400	2,358	207,330.50	87.93	.038	518.33	3.37
PRINCIPAL SURGEON	291	431	167,264.42	388.08	.007	574.79	2.71
ASSISTANT SURGEON	30	30	5,160.70	172.02	.000	172.02	.08
ANESTHESIOLOGIST	143	1,897	34,905.38	18.40	.031	244.09	.57
OUTPATIENT SURGERY	1,004	2,850	185,002.16	64.91	.046	184.27	3.00
PRINCIPAL SURGEON	837	1,090	147,684.36	135.49	.018	176.44	2.40
ASSISTANT SURGEON	5	5	336.93	67.39	.000	67.39	.01
ANESTHESIOLOGIST	233	1,755	36,980.87	21.07	.028	158.72	.60
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1,033	1,616	35,587.32	22.02	.026	34.45	.58
RADIOLOGY	2,331	4,097	178,769.04	43.63	.066	76.69	2.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	196	1,225	55,241.92	45.10	.020	281.85	.90
OTHER SERVICES/ALL X-OVERS	3,875	10,476	188,173.47	17.96	.170	48.56	3.05
@PHARMACY	27,531	351,565	\$ 8,372,503.47	\$ 23.81	5.706	\$ 304.11	\$ 135.89
PRESCRIPTION DRUGS	27,276	97,252	8,134,222.88	83.64	1.578	298.22	132.02
SNF/ICF	283	1,916	112,636.34	58.79	.031	398.01	1.83
OUTPATIENTS	27,042	95,336	8,021,586.54	84.14	1.547	296.63	130.19
MEDICAL SUPPLIES	2,036	254,313	238,280.59	.94	4.128	117.03	3.87
@DENTIST	4,158	18,213	\$ 821,770.85	\$ 45.12	.296	\$ 197.64	\$ 13.34
VISITS - DIAGNOSTIC	2,708	10,354	156,341.77	15.10	.168	57.73	2.54
ORAL SURGERY	519	1,277	69,328.84	54.29	.021	133.58	1.13
DRUGS	19	22	365.00	16.59	.000	19.21	.01
ANESTHESIA	10	10	1,000.00	100.00	.000	100.00	.02
PERIODONTICS	238	254	25,606.05	100.81	.004	107.59	.42
ENDODONTICS	361	629	130,087.00	206.82	.010	360.35	2.11
RESTORATIVE DENTISTRY	1,498	4,602	340,646.94	74.02	.075	227.40	5.53
PROSTHETICS	23	23	560.00	24.35	.000	24.35	.01
DENTURES, STAYPLATES	231	781	83,898.25	107.42	.013	363.20	1.36
SPACE MAINTAINERS	15	20	2,062.00	103.10	.000	137.47	.03
MAXILLOFACIAL SERVICES	8	8	900.00	112.50	.000	112.50	.01
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	100	162	10,310.00	63.64	.003	103.10	.17
ALL OTHER SERVICES	76	70	525.00	7.50	.001	6.91	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,578					
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04					
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL						

61,613 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,220	3,515	\$ 78,891.99	\$ 22.44	.057	\$ 64.67	\$ 1.28
DIAGNOSTIC AND ANC. PROCED	680	689	31,680.83	45.98	.011	46.59	.51

EYE APPLIANCES	947	2,691		44,033.73		16.36	.044	46.50	.71
OTHER OPTOMETRIC SERVICES	97	135		3,177.43		23.54	.002	32.76	.05
@CHIROPRACTOR	25	51	\$	790.02	\$	15.49	.001	31.60	.01
VISITS	23	49		756.58		15.44	.001	32.89	.01
OTHER SERVICES	2	2		33.44		16.72	.000	16.72	.00
@PODIATRIST	196	262	\$	4,290.72	\$	16.38	.004	21.89	.07
MEDICINE/INJECTIONS	32	37		1,176.18		31.79	.001	36.76	.02
SURGERY/ANES.	1	1		13.00		13.00	.000	13.00	.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000	34.60	.00
OTHER	165	222		3,066.94		13.82	.004	18.59	.05
@HOME HEALTH AGENCY	124	2,343	\$	102,519.76	\$	43.76	.038	826.77	1.66
NURSE ANESTHESIST	16	123	\$	1,115.36	\$	9.07	.002	69.71	.02
NURSE MIDWIFE	5	46	\$	2,435.48	\$	52.95	.001	487.10	.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	18	29	\$	704.60	\$	24.30	.000	39.14	.01
@TOTAL HOSPITAL	9,853	47,450	\$	5,867,738.69	\$	123.66	.770	595.53	95.24
HOSP INPATIENT TOTAL	737	3,651		4,778,060.80		1308.70	.059	6483.12	77.55
HSC HOSPITALS	135	805		1,088,470.91		1352.14	.013	8062.75	17.67
NON-HSC HOSPITAL TOTAL	387	2,033		3,517,639.02		1730.27	.033	9089.51	57.09
ACCOMMODATIONS	381	2,033		1,096,635.29		539.42	.033	2878.31	17.80
ADMINISTRATIVE DAYS	10	109		25,211.70		231.30	.002	2521.17	.41
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	376	1,924		1,071,423.59		556.87	.031	2849.53	17.39
ANCILLARIES	387	0		2,421,003.73		.00	.000	6255.82	39.29
INPATIENT CROSSOVERS	220	813		171,950.87		211.50	.013	781.59	2.79
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9,491	43,799		1,089,677.89		24.88	.711	114.81	17.69
MEDICAL	1,415	2,258		65,178.56		28.87	.037	46.06	1.06
SURGERY	584	656		25,285.22		38.54	.011	43.30	.41
PATHOLOGY	3,490	15,351		197,277.14		12.85	.249	56.53	3.20
RADIOLOGY	2,152	3,146		231,168.09		73.48	.051	107.42	3.75
ROOM USE	4,851	7,536		278,408.38		36.94	.122	57.39	4.52
CROSSOVERS/ALL OTH OUTPTNT	4,467	14,852		292,360.50		19.68	.241	65.45	4.75
@COUNTY HOSPITAL TOTAL	31	114	\$	45,681.76	\$	400.72	.002	1473.61	.74
CO HOSPITAL INPATIENT TOTAL	4	40		42,783.02		1069.58	.001	10695.76	.69
HSC HOSPITALS	4	40		42,783.02		1069.58	.001	10695.76	.69
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	27	74		2,898.74		39.17	.001	107.36	.05
MEDICAL	9	10		300.71		30.07	.000	33.41	.00
SURGERY	2	3		147.81		49.27	.000	73.91	.00
PATHOLOGY	3	8		93.98		11.75	.000	31.33	.00
RADIOLOGY	5	8		402.38		50.30	.000	80.48	.01
ROOM USE	15	18		782.03		43.45	.000	52.14	.01
CROSSOVERS/ALL OTH OUTPTNT	14	27		1,171.83		43.40	.000	83.70	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL								

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01/29/04

	61,613 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,831	47,336	\$	5,822,056.93	\$ 122.99	.768	\$ 592.21	\$ 94.49
COMM HOSP INPATIENT TOTAL	734	3,611		4,735,277.78	1311.35	.059	6451.33	76.86
HSC HOSPITALS	131	765		1,045,687.89	1366.91	.012	7982.35	16.97

NON-HSC HOSPITALS TOTAL	387	2,033		3,517,639.02	1730.27	.033	9089.51	57.09
ACCOMMODATIONS	381	2,033		1,096,635.29	539.42	.033	2878.31	17.80
ADMINISTRATIVE DAYS	10	109		25,211.70	231.30	.002	2521.17	.41
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	376	1,924		1,071,423.59	556.87	.031	2849.53	17.39
ANCILLARIES	387	0		2,421,003.73	.00	.000	6255.82	39.29
INPATIENT CROSSOVERS	220	813		171,950.87	211.50	.013	781.59	2.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9,472	43,725		1,086,779.15	24.85	.710	114.74	17.64
MEDICAL	1,407	2,248		64,877.85	28.86	.036	46.11	1.05
SURGERY	582	653		25,137.41	38.50	.011	43.19	.41
PATHOLOGY	3,487	15,343		197,183.16	12.85	.249	56.55	3.20
RADIOLOGY	2,148	3,138		230,765.71	73.54	.051	107.43	3.75
ROOM USE	4,840	7,518		277,626.35	36.93	.122	57.36	4.51
CROSSOVERS/ALL OTH OUTPTNT	4,455	14,825		291,188.67	19.64	.241	65.36	4.73
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	183	4,904	\$	750,606.97	\$ 153.06	.080	\$ 4101.68	\$ 12.18
LEV A-INTERMEDIATE	1	61		5,161.82	84.62	.001	5161.82	.08
LEV B-REHAB MD	6	211		26,260.55	124.46	.003	4376.76	.43
LEV B-SUBACUTE FREESTANDING	2	50		19,434.65	388.69	.001	9717.33	.32
LEV B-SUBACUTE HSPTL BASED	2	75		43,309.95	577.47	.001	21654.98	.70
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	172	4,507		656,440.00	145.65	.073	3816.51	10.65
@INTERMEDIATE CARE FACIL.-DD	1	29	\$	5,300.91	\$ 182.79	.000	\$ 5300.91	\$.09
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	29		5,300.91	182.79	.000	5300.91	.09
@HEMODIALYSIS TOTAL	27	32	\$	15,785.82	\$ 493.31	.001	\$ 584.66	\$.26
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	27	32		15,785.82	493.31	.001	584.66	.26
@REHABILITATION FACILITY	93	1,309	\$	20,410.55	\$ 15.59	.021	\$ 219.47	\$.33
HOSPITAL BASED	17	38		1,840.77	48.44	.001	108.28	.03
INDEPENDENT FACILITY	76	1,271		18,569.78	14.61	.021	244.34	.30
@LABORATORY FACILITY	1,088	4,343	\$	64,410.88	\$ 14.83	.070	\$ 59.20	\$ 1.05
PATHOLOGY	1,078	4,330		64,166.51	14.82	.070	59.52	1.04
XO AND OTHERS	10	13		244.37	18.80	.000	24.44	.00
@ORGANIZED OUTPATIENT CLINIC	4,495	8,509	\$	934,172.01	\$ 109.79	.138	\$ 207.82	\$ 15.16
CLINIC	471	1,398		27,250.62	19.49	.023	57.86	.44
SURGICENTER	135	546		27,003.37	49.46	.009	200.02	.44
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,929	6,565		879,918.02	134.03	.107	223.95	14.28

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

PAGE 2,580 01/29/04

	61,613 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,644	312,529	\$	976,133.94	\$ 3.12	5.072	\$ 210.19	\$ 15.84
DURABLE MED. EQUIP.	335	1,481		246,658.50	166.55	.024	736.29	4.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	20		4,317.69	215.88	.000	253.98	.07
MEDICAL TRANSPORTATION	828	21,361		138,053.80	6.46	.347	166.73	2.24
AMBULANCES/AIR TRANS	735	8,722		97,244.53	11.15	.142	132.31	1.58
OTHER TRANS	32	11,482		20,823.33	1.81	.186	650.73	.34
OTHER SERVICES	76	1,157		19,985.94	17.27	.019	262.97	.32
ACUPUNCTURE	13	40		735.28	18.38	.001	56.56	.01
ADULT DAY HEALTH CARE CTR	36	593		41,200.83	69.48	.010	1144.47	.67
GENETIC DISEASE TESTING	31	31		3,155.00	101.77	.001	101.77	.05

IHMC,MODEL-NF,NF,AIDS,MSSP	320	2,224	152,764.40	68.69	.036	477.39	2.48
OCCUPATIONAL THERAPIST	2	5	103.00	20.60	.000	51.50	.00
OPTICIAN	898	1,929	20,069.49	10.40	.031	22.35	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	12	17	62.80	3.69	.000	5.23	.00
PROSTHETIST/ORTHOTISTS	81	215	27,101.63	126.05	.003	334.59	.44
PROSTHETICS	81	215	27,101.63	126.05	.003	334.59	.44
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	9	484.56	53.84	.000	121.14	.01
SPEECH AND AUDIOLOGY	298	772	37,304.43	48.32	.013	125.18	.61
HOSPICE SERVICES	17	352	41,759.67	118.64	.006	2456.45	.68
NONINST BIRTHING CENTERS	1	1	1,046.55	1046.55	.000	1046.55	.02
LOCAL EDUCATION AGENCIES	1,027	17,855	114,321.18	6.40	.290	111.32	1.86
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	993	265,624		146,995.13		.55	4.311	148.03	2.39
@CALIF. CHILDREN SERVICES*	498	13,964	\$	1,079,228.02	\$	77.29	.227	\$ 2167.12	\$ 17.52
@XOVER EXCLUDING STATE HOSP**	4,741	28,922	\$	545,451.81	\$	18.86	.469	\$ 115.05	\$ 8.85

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,581
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

	1,482 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	550	1,629	\$	127,288.61	\$ 78.14	1.099	\$ 231.43	\$ 85.89
@PHYSICIANS SERVICES	265	534	\$	21,996.22	\$ 41.19	.360	\$ 83.00	\$ 14.84
OUTPATIENT VISITS	240	319		11,922.01	37.37	.215	49.68	8.04
OFFICE VISITS	148	195		6,555.72	33.62	.132	44.30	4.42
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	89	101		4,804.67	47.57	.068	53.99	3.24
PREVENTIVE CARE	6	8		239.89	29.99	.005	39.98	.16
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	15		321.73	21.45	.010	24.75	.22
INPATIENT VISITS	12	57		5,583.91	97.96	.038	465.33	3.77
HOSPITAL VISITS	10	27		1,227.19	45.45	.018	122.72	.83
CRITICAL CARE	7	30		4,356.72	145.22	.020	622.39	2.94
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3		126.83	42.28	.002	63.42	.09
EXAMINATIONS	2	3		126.83	42.28	.002	63.42	.09
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2		394.75	197.38	.001	394.75	.27
PRINCIPAL SURGEON	1	2		394.75	197.38	.001	394.75	.27
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	8	36		2,340.06	65.00	.024	292.51	1.58
PRINCIPAL SURGEON	5	8		1,826.42	228.30	.005	365.28	1.23
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	28		513.64	18.34	.019	171.21	.35
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	13		251.82	19.37	.009	62.96	.17
RADIOLOGY	23	37		422.64	11.42	.025	18.38	.29
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4		25.00	6.25	.003	12.50	.02
OTHER SERVICES/ALL X-OVERS	23	63		929.20	14.75	.043	40.40	.63
@PHARMACY	241	379	\$	14,675.87	\$ 38.72	.256	\$ 60.90	\$ 9.90
PRESCRIPTION DRUGS	239	368		14,655.76	39.83	.248	61.32	9.89
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	239	368		14,655.76	39.83	.248	61.32	9.89
MEDICAL SUPPLIES	5	11		20.11	1.83	.007	4.02	.01
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,582
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

1,482 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 47.45	\$ 47.45	.001	\$ 47.45	\$.03
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.03
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	3	\$ 179.85	\$ 59.95	.002	\$ 89.93	\$.12
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	155	515	\$ 75,250.49	\$ 146.12	.348	\$ 485.49	\$ 50.78
HOSP INPATIENT TOTAL	8	62	63,870.55	1030.17	.042	7983.82	43.10
HSC HOSPITALS	6	56	59,835.00	1068.48	.038	9972.50	40.37
NON-HSC HOSPITAL TOTAL	2	6	4,035.55	672.59	.004	2017.78	2.72
ACCOMMODATIONS	2	6	2,189.32	364.89	.004	1094.66	1.48
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	2,189.32	364.89	.004	1094.66	1.48
ANCILLARIES	2	0	1,846.23	.00	.000	923.12	1.25
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	152	453	11,379.94	25.12	.306	74.87	7.68
MEDICAL	23	32	407.73	12.74	.022	17.73	.28
SURGERY	6	6	209.79	34.97	.004	34.97	.14
PATHOLOGY	49	142	1,662.98	11.71	.096	33.94	1.12
RADIOLOGY	33	39	957.06	24.54	.026	29.00	.65
ROOM USE	118	151	5,706.75	37.79	.102	48.36	3.85
CROSSOVERS/ALL OTH OUTPTNT	59	83	2,435.63	29.34	.056	41.28	1.64
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

1,482 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	155	515	\$ 75,250.49	\$ 146.12	.348		\$ 485.49	\$ 50.78
COMM HOSP INPATIENT TOTAL	8	62	63,870.55	1030.17	.042		7983.82	43.10
HSC HOSPITALS	6	56	59,835.00	1068.48	.038		9972.50	40.37
NON-HSC HOSPITALS TOTAL	2	6	4,035.55	672.59	.004		2017.78	2.72
ACCOMMODATIONS	2	6	2,189.32	364.89	.004		1094.66	1.48
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	2	6	2,189.32	364.89	.004		1094.66	1.48
ANCILLARIES	2	0	1,846.23	.00	.000		923.12	1.25
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	152	453	11,379.94	25.12	.306		74.87	7.68
MEDICAL	23	32	407.73	12.74	.022		17.73	.28
SURGERY	6	6	209.79	34.97	.004		34.97	.14
PATHOLOGY	49	142	1,662.98	11.71	.096		33.94	1.12
RADIOLOGY	33	39	957.06	24.54	.026		29.00	.65
ROOM USE	118	151	5,706.75	37.79	.102		48.36	3.85
CROSSOVERS/ALL OTH OUTPTNT	59	83	2,435.63	29.34	.056		41.28	1.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000		\$.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	1	3	\$ 33.89	\$ 11.30	.002		\$ 33.89	\$.02
PATHOLOGY	1	3	33.89	11.30	.002		33.89	.02
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	73	118	\$ 13,759.66	\$ 116.61	.080		\$ 188.49	\$ 9.28
CLINIC	6	10	87.44	8.74	.007		14.57	.06
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	67	108	13,672.22	126.59	.073		204.06	9.23

1,482 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	7	76	\$ 1,345.18	\$ 17.70	.051		\$ 192.17	\$.91

DURABLE MED. EQUIP.	1	3	684.03	228.01	.002	684.03	.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	69	489.87	7.10	.047	163.29	.33
AMBULANCES/AIR TRANS	3	69	489.87	7.10	.047	163.29	.33
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.001	55.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	78.86	39.43	.001	78.86	.05
PROSTHETICS	1	2	78.86	39.43	.001	78.86	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	37.42	37.42	.001	37.42	.03
@CALIF. CHILDREN SERVICES*	5	69	\$ 35,119.02	\$ 508.97	.047	\$ 7023.80	\$ 23.70
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,585
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49	

	1,703 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,371	6,490	\$	879,288.31	\$ 135.48	3.811	\$ 641.35	\$ 516.32
@PHYSICIANS SERVICES	799	1,974	\$	204,619.45	\$ 103.66	1.159	\$ 256.09	\$ 120.15
OUTPATIENT VISITS	327	462		31,665.76	68.54	.271	96.84	18.59
OFFICE VISITS	93	102		4,445.80	43.59	.060	47.80	2.61
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	79	87		5,625.04	64.66	.051	71.20	3.30
PREVENTIVE CARE	3	3		114.69	38.23	.002	38.23	.07
OB VISITS/COMPRE PERI	179	266		21,387.09	80.40	.156	119.48	12.56
OTHER OUTPATIENT	4	4		93.14	23.29	.002	23.29	.05
INPATIENT VISITS	146	332		21,993.89	66.25	.195	150.64	12.91
HOSPITAL VISITS	138	251		10,319.03	41.11	.147	74.78	6.06
CRITICAL CARE	10	81		11,674.86	144.13	.048	1167.49	6.86
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	173	543		121,163.67	223.14	.319	700.37	71.15
PRINCIPAL SURGEON	142	194		110,225.64	568.17	.114	776.24	64.72
ASSISTANT SURGEON	18	18		3,116.71	173.15	.011	173.15	1.83
ANESTHESIOLOGIST	33	331		7,821.32	23.63	.194	237.01	4.59
OUTPATIENT SURGERY	38	82		7,865.21	95.92	.048	206.98	4.62
PRINCIPAL SURGEON	28	31		6,412.73	206.86	.018	229.03	3.77

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	14	51	1,452.48	28.48	.030	103.75	.85
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	187	243	4,959.40	20.41	.143	26.52	2.91
RADIOLOGY	220	252	14,341.42	56.91	.148	65.19	8.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	15	25	921.66	36.87	.015	61.44	.54
OTHER SERVICES/ALL X-OVERS	29	35	1,708.44	48.81	.021	58.91	1.00
@PHARMACY	317	489	\$ 11,146.98	\$ 22.80	.287	\$ 35.16	\$ 6.55
PRESCRIPTION DRUGS	314	481	10,588.21	22.01	.282	33.72	6.22
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	314	481	10,588.21	22.01	.282	33.72	6.22
MEDICAL SUPPLIES	6	8	558.77	69.85	.005	93.13	.33
@DENTIST	16	33	\$ 731.00	\$ 22.15	.019	\$ 45.69	\$.43
VISITS - DIAGNOSTIC	12	27	439.00	16.26	.016	36.58	.26
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	330.00	330.00	.001	330.00	.19
RESTORATIVE DENTISTRY	4	5	38.00CR	7.60CR	.003	9.50CR	.02CR
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,586
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

1,703 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	4	22	\$ 2,027.40	\$ 92.15	.013	\$ 506.85	\$ 1.19
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	650	3,069	\$ 628,935.67	\$ 204.93	1.802	\$ 967.59	\$ 369.31
HOSP INPATIENT TOTAL	142	529	573,643.34	1084.39	.311	4039.74	336.84
HSC HOSPITALS	16	102	141,956.07	1391.73	.060	8872.25	83.36
NON-HSC HOSPITAL TOTAL	127	425	430,875.27	1013.82	.250	3392.72	253.01
ACCOMMODATIONS	121	425	177,779.24	418.30	.250	1469.25	104.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	121	425	177,779.24	418.30	.250	1469.25	104.39
ANCILLARIES	126	0	253,096.03	.00	.000	2008.70	148.62
INPATIENT CROSSOVERS	1	2	812.00	406.00	.001	812.00	.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	594	2,540	55,292.33	21.77	1.491	93.08	32.47
MEDICAL	16	20	451.63	22.58	.012	28.23	.27
SURGERY	75	111	3,269.48	29.45	.065	43.59	1.92
PATHOLOGY	456	1,693	27,537.70	16.27	.994	60.39	16.17
RADIOLOGY	73	85	5,432.50	63.91	.050	74.42	3.19
ROOM USE	219	343	12,315.94	35.91	.201	56.24	7.23
CROSSOVERS/ALL OTH OUTPTNT	150	288	6,285.08	21.82	.169	41.90	3.69
@COUNTY HOSPITAL TOTAL	5	28	\$ 888.43	\$ 31.73	.016	\$ 177.69	\$.52
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	28	888.43	31.73	.016	177.69	.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	57.32	28.66	.001	57.32	.03
PATHOLOGY	2	10	257.19	25.72	.006	128.60	.15
RADIOLOGY	2	2	149.94	74.97	.001	74.97	.09
ROOM USE	4	7	350.34	50.05	.004	87.59	.21
CROSSOVERS/ALL OTH OUTPTNT	2	7	73.64	10.52	.004	36.82	.04

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

PAGE 2,587 01/29/04

	1,703 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	646	3,041	\$	628,047.24	\$ 206.53	1.786	\$ 972.21	\$ 368.79
COMM HOSP INPATIENT TOTAL	142	529		573,643.34	1084.39	.311	4039.74	336.84
HSC HOSPITALS	16	102		141,956.07	1391.73	.060	8872.25	83.36
NON-HSC HOSPITALS TOTAL	127	425		430,875.27	1013.82	.250	3392.72	253.01
ACCOMMODATIONS	121	425		177,779.24	418.30	.250	1469.25	104.39
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	121	425		177,779.24	418.30	.250	1469.25	104.39
ANCILLARIES	126	0		253,096.03	.00	.000	2008.70	148.62
INPATIENT CROSSOVERS	1	2		812.00	406.00	.001	812.00	.48
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	590	2,512		54,403.90	21.66	1.475	92.21	31.95
MEDICAL	16	20		451.63	22.58	.012	28.23	.27
SURGERY	74	109		3,212.16	29.47	.064	43.41	1.89
PATHOLOGY	454	1,683		27,280.51	16.21	.988	60.09	16.02
RADIOLOGY	71	83		5,282.56	63.65	.049	74.40	3.10
ROOM USE	215	336		11,965.60	35.61	.197	55.65	7.03
CROSSOVERS/ALL OTH OUTPTNT	148	281		6,211.44	22.10	.165	41.97	3.65
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	74	162	\$	2,586.99	\$ 15.97	.095	\$ 34.96	\$ 1.52
PATHOLOGY	74	162		2,586.99	15.97	.095	34.96	1.52
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	111	384	\$	18,934.72	\$ 49.31	.225	\$ 170.58	\$ 11.12
CLINIC	62	272		10,555.72	38.81	.160	170.25	6.20

SURGICENTER	7	53	1,420.51	26.80	.031	202.93	.83
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	42	59	6,958.49	117.94	.035	165.68	4.09

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,588
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,703 ELIGIBLES							
@ALL OTHER PROVIDERS	96	357	\$ 10,306.10	\$ 28.87	.210	\$ 107.36	\$ 6.05
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	279	2,168.60	7.77	.164	120.48	1.27
AMBULANCES/AIR TRANS	18	279	2,168.60	7.77	.164	120.48	1.27
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	78	78	8,137.50	104.33	.046	104.33	4.78
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	86	\$ 66,527.41	\$ 773.57	.050	\$ 13305.48	\$ 39.06
@XOVER EXCLUDING STATE HOSP**	4	11	\$ 935.34	\$ 85.03	.006	\$ 233.84	\$.55

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,589
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
23 ELIGIBLES							
@TOTAL, ALL PROVIDERS	65	134	\$ 5,626.93	\$ 41.99	5.826	\$ 86.57	\$ 244.65
@PHYSICIANS SERVICES	31	45	\$ 1,640.38	\$ 36.45	1.957	\$ 52.92	\$ 71.32
OUTPATIENT VISITS	14	22	905.68	41.17	.957	64.69	39.38
OFFICE VISITS	9	14	434.61	31.04	.609	48.29	18.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	157.55	52.52	.130	52.52	6.85
PREVENTIVE CARE	1	1	45.32	45.32	.043	45.32	1.97
OB VISITS/COMPRE PERI	3	3	247.27	82.42	.130	82.42	10.75
OTHER OUTPATIENT	1	1	20.93	20.93	.043	20.93	.91
INPATIENT VISITS	3	3	124.44	41.48	.130	41.48	5.41
HOSPITAL VISITS	3	3	124.44	41.48	.130	41.48	5.41
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		93.49	93.49	.043	93.49	4.06
PRINCIPAL SURGEON	1	1		93.49	93.49	.043	93.49	4.06
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	13	15		350.10	23.34	.652	26.93	15.22
RADIOLOGY	3	3		161.67	53.89	.130	53.89	7.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		5.00	5.00	.043	5.00	.22
@PHARMACY	0	0	\$	2.00CR	\$.00	.000	\$.00	\$.09CR
PRESCRIPTION DRUGS	0	0		2.00CR	.00	.000	.00	.09CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		2.00CR	.00	.000	.00	.09CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,590
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	23	48	\$	1,546.62	\$	32.22	2.087	\$	67.24	\$	67.24
HOSP INPATIENT TOTAL	1	2		.00		.00	.087		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		.00		.00	.087		.00		.00
ACCOMMODATIONS	1	2		.00		.00	.087		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		.00		.00	.087		.00		.00
ANCILLARIES	1	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	22	46		1,546.62		33.62	2.000		70.30		67.24
MEDICAL	2	2		33.72		16.86	.087		16.86		1.47
SURGERY	0	0		88.69CR		.00	.000		.00		3.86CR
PATHOLOGY	10	22		788.40		35.84	.957		78.84		34.28

RADIOLOGY	3	4	270.29	67.57	.174	90.10	11.75
ROOM USE	9	10	366.44	36.64	.435	40.72	15.93
CROSSOVERS/ALL OTH OUTPTNT	4	8	176.46	22.06	.348	44.12	7.67
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,591
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	48	\$ 1,546.62	\$ 32.22	2.087	\$ 67.24	\$ 67.24
COMM HOSP INPATIENT TOTAL	1	2	.00	.00	.087	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	.00	.00	.087	.00	.00
ACCOMMODATIONS	1	2	.00	.00	.087	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	.00	.00	.087	.00	.00
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	46	1,546.62	33.62	2.000	70.30	67.24
MEDICAL	2	2	33.72	16.86	.087	16.86	1.47
SURGERY	0	0	88.69CR	.00	.000	.00	3.86CR
PATHOLOGY	10	22	788.40	35.84	.957	78.84	34.28
RADIOLOGY	3	4	270.29	67.57	.174	90.10	11.75
ROOM USE	9	10	366.44	36.64	.435	40.72	15.93
CROSSOVERS/ALL OTH OUTPTNT	4	8	176.46	22.06	.348	44.12	7.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	4	10	\$ 269.83	\$ 26.98	.435	\$ 67.46	\$ 11.73	
PATHOLOGY	4	10	269.83	26.98	.435	67.46	11.73	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	18	30	\$ 2,122.10	\$ 70.74	1.304	\$ 117.89	\$ 92.27	
CLINIC	5	14	312.95	22.35	.609	62.59	13.61	
SURGICENTER	0	0	.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	14	16	1,809.15	113.07	.696	129.23	78.66	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,592
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM							AID CODE 76

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 50.00	\$ 50.00	.043	\$ 50.00	\$ 2.17
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	1	50.00	50.00	.043	50.00	2.17
AMBULANCES/AIR TRANS	1	1	50.00	50.00	.043	50.00	2.17
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 64.88	\$ 64.88	.043	\$ 64.88	\$ 2.82
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,593
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							

3,208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,986	8,253	\$ 1,012,203.85	\$ 122.65	2.573	\$ 509.67	\$ 315.52
@PHYSICIANS SERVICES	1,095	2,553	\$ 228,256.05	\$ 89.41	.796	\$ 208.45	\$ 71.15

OUTPATIENT VISITS	581	803		44,493.45		55.41	.250	76.58	13.87
OFFICE VISITS	250	311		11,436.13		36.77	.097	45.74	3.56
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	171	191		10,587.26		55.43	.060	61.91	3.30
PREVENTIVE CARE	10	12		399.90		33.33	.004	39.99	.12
OB VISITS/COMPRE PERI	182	269		21,634.36		80.43	.084	118.87	6.74
OTHER OUTPATIENT	18	20		435.80		21.79	.006	24.21	.14
INPATIENT VISITS	161	392		27,702.24		70.67	.122	172.06	8.64
HOSPITAL VISITS	151	281		11,670.66		41.53	.088	77.29	3.64
CRITICAL CARE	17	111		16,031.58		144.43	.035	943.03	5.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3		126.83		42.28	.001	63.42	.04
EXAMINATIONS	2	3		126.83		42.28	.001	63.42	.04
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	174	545		121,558.42		223.04	.170	698.61	37.89
PRINCIPAL SURGEON	143	196		110,620.39		564.39	.061	773.57	34.48
ASSISTANT SURGEON	18	18		3,116.71		173.15	.006	173.15	.97
ANESTHESIOLOGIST	33	331		7,821.32		23.63	.103	237.01	2.44
OUTPATIENT SURGERY	47	119		10,298.76		86.54	.037	219.12	3.21
PRINCIPAL SURGEON	34	40		8,332.64		208.32	.012	245.08	2.60
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	17	79		1,966.12		24.89	.025	115.65	.61
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	204	271		5,561.32		20.52	.084	27.26	1.73
RADIOLOGY	246	292		14,925.73		51.12	.091	60.67	4.65
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	29		946.66		32.64	.009	55.69	.30
OTHER SERVICES/ALL X-OVERS	53	99		2,642.64		26.69	.031	49.86	.82
@PHARMACY	558	868	\$	25,820.85	\$	29.75	.271	46.27	8.05
PRESCRIPTION DRUGS	553	849		25,241.97		29.73	.265	45.65	7.87
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	553	849		25,241.97		29.73	.265	45.65	7.87
MEDICAL SUPPLIES	11	19		578.88		30.47	.006	52.63	.18
@DENTIST	16	33	\$	731.00	\$	22.15	.010	45.69	.23
VISITS - DIAGNOSTIC	12	27		439.00		16.26	.008	36.58	.14
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	1	1		330.00		330.00	.000	330.00	.10
RESTORATIVE DENTISTRY	4	5		38.00CR		7.60CR	.002	9.50CR	.01CR
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

PAGE 2,594 01/29/04

	3,208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		1	1 \$	47.45	\$ 47.45	.000	\$ 47.45	\$.01
DIAGNOSTIC AND ANC. PROCED		1	1	47.45	47.45	.000	47.45	.01
EYE APPLIANCES		0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES		0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR		0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS		0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00
OTHER	0	0		.00		.00	.000		.00
@HOME HEALTH AGENCY	2	3	\$	179.85	\$	59.95	.001	\$	89.93
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	4	22	\$	2,027.40	\$	92.15	.007	\$	506.85
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	828	3,632	\$	705,732.78	\$	194.31	1.132	\$	852.33
HOSP INPATIENT TOTAL	151	593		637,513.89		1075.07	.185		4221.95
HSC HOSPITALS	22	158		201,791.07		1277.16	.049		9172.32
NON-HSC HOSPITAL TOTAL	130	433		434,910.82		1004.41	.135		3345.47
ACCOMMODATIONS	124	433		179,968.56		415.63	.135		1451.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	124	433		179,968.56		415.63	.135		1451.36
ANCILLARIES	129	0		254,942.26		.00	.000		1976.30
INPATIENT CROSSOVERS	1	2		812.00		406.00	.001		812.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	768	3,039		68,218.89		22.45	.947		88.83
MEDICAL	41	54		893.08		16.54	.017		21.78
SURGERY	81	117		3,390.58		28.98	.036		41.86
PATHOLOGY	515	1,857		29,989.08		16.15	.579		58.23
RADIOLOGY	109	128		6,659.85		52.03	.040		61.10
ROOM USE	346	504		18,389.13		36.49	.157		53.15
CROSSOVERS/ALL OTH OUTPTNT	213	379		8,897.17		23.48	.118		41.77
@COUNTY HOSPITAL TOTAL	5	28	\$	888.43	\$	31.73	.009	\$	177.69
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	5	28		888.43		31.73	.009		177.69
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	1	2		57.32		28.66	.001		57.32
PATHOLOGY	2	10		257.19		25.72	.003		128.60
RADIOLOGY	2	2		149.94		74.97	.001		74.97
ROOM USE	4	7		350.34		50.05	.002		87.59
CROSSOVERS/ALL OTH OUTPTNT	2	7		73.64		10.52	.002		36.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
EL DORADO COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76								

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01/29/04

3,208 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	824			3,604	\$	704,844.35	\$	195.57		1.123		\$	855.39	\$	219.71
COMM HOSP INPATIENT TOTAL	151			593		637,513.89		1075.07		.185			4221.95		198.73
HSC HOSPITALS	22			158		201,791.07		1277.16		.049			9172.32		62.90
NON-HSC HOSPITALS TOTAL	130			433		434,910.82		1004.41		.135			3345.47		135.57
ACCOMMODATIONS	124			433		179,968.56		415.63		.135			1451.36		56.10
ADMINISTRATIVE DAYS	0			0		.00		.00		.000			.00		.00
TRANSITIONAL IP CARE	0			0		.00		.00		.000			.00		.00

ALL OTHER ACCOM	124	433	179,968.56	415.63	.135	1451.36	56.10
ANCILLARIES	129	0	254,942.26	.00	.000	1976.30	79.47
INPATIENT CROSSOVERS	1	2	812.00	406.00	.001	812.00	.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	764	3,011	67,330.46	22.36	.939	88.13	20.99
MEDICAL	41	54	893.08	16.54	.017	21.78	.28
SURGERY	80	115	3,333.26	28.98	.036	41.67	1.04
PATHOLOGY	513	1,847	29,731.89	16.10	.576	57.96	9.27
RADIOLOGY	107	126	6,509.91	51.67	.039	60.84	2.03
ROOM USE	342	497	18,038.79	36.30	.155	52.75	5.62
CROSSOVERS/ALL OTH OUTPTNT	211	372	8,823.53	23.72	.116	41.82	2.75
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,597
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

552 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	475	5,099	\$ 183,495.33	\$ 35.99	9.237	\$ 386.31	\$ 332.42
@PHYSICIANS SERVICES	111	285	\$ 4,648.29	\$ 16.31	.516	\$ 41.88	\$ 8.42
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	111	285	4,648.29	16.31	.516	41.88	8.42
@PHARMACY	437	3,857	\$ 111,409.87	\$ 28.89	6.987	\$ 254.94	\$ 201.83
PRESCRIPTION DRUGS	433	1,741	107,434.39	61.71	3.154	248.12	194.63
SNF/ICF	12	75	3,261.27	43.48	.136	271.77	5.91
OUTPATIENTS	422	1,666	104,173.12	62.53	3.018	246.86	188.72
MEDICAL SUPPLIES	45	2,116	3,975.48	1.88	3.833	88.34	7.20
@DENTIST	20	63	\$ 2,020.00	\$ 32.06	.114	\$ 101.00	\$ 3.66
VISITS - DIAGNOSTIC	14	47	635.00	13.51	.085	45.36	1.15
ORAL SURGERY	1	1	85.00	85.00	.002	85.00	.15
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	55.00	55.00	.002	55.00	.10
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	11	940.00	85.45	.020	235.00	1.70
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	305.00	101.67	.005	152.50	.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,598
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

552 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	20	\$ 340.99	\$ 17.05	.036	\$ 42.62	\$.62
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	6	17	287.09	16.89	.031	47.85	.52
OTHER OPTOMETRIC SERVICES	2	3	53.90	17.97	.005	26.95	.10
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 46.92	\$ 15.64	.005	\$ 15.64	\$.09
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	46.92	15.64	.005	15.64	.09
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	86	241	\$ 11,534.76	\$ 47.86	.437	\$ 134.13	\$ 20.90
HOSP INPATIENT TOTAL	11	29	8,364.00	288.41	.053	760.36	15.15
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	29	8,364.00	288.41	.053	760.36	15.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	78	212	3,170.76	14.96	.384	40.65	5.74
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	78	212	3,170.76	14.96	.384	40.65	5.74
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

552 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	86	241	\$ 11,534.76	\$ 47.86	.437	\$ 134.13	\$ 20.90
COMM HOSP INPATIENT TOTAL	11	29	8,364.00	288.41	.053	760.36	15.15
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	29	8,364.00	288.41	.053	760.36	15.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	78	212	3,170.76	14.96	.384	40.65	5.74
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	78	212	3,170.76	14.96	.384	40.65	5.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	324	\$ 42,954.85	\$ 132.58	.587	\$ 4295.49	\$ 77.82
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	324	42,954.85	132.58	.587	4295.49	77.82
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 6.25	\$ 6.25	.002	\$ 6.25	\$.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	1	6.25	6.25	.002	6.25	.01
@ORGANIZED OUTPATIENT CLINIC	28	41	\$ 3,750.50	\$ 91.48	.074	\$ 133.95	\$ 6.79
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	8	9	1,828.62	203.18	.016	228.58	3.31
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	20	32	1,921.88	60.06	.058	96.09	3.48

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,600
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

552 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	53	264	\$ 6,782.90	\$ 25.69	.478	\$ 127.98	\$ 12.29
DURABLE MED. EQUIP.	1	17	322.00	18.94	.031	322.00	.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	92	183.19	1.99	.167	61.06	.33

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	3	33.11	11.04	.005	33.11	.06
OTHER SERVICES	2	89	150.08	1.69	.161	75.04	.27
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	6	38	3,078.66	81.02	.069	513.11	5.58
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	20	232.48	11.62	.036	25.83	.42
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	62.90	20.97	.005	62.90	.11
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	34	94	2,903.67	30.89	.170	85.40	5.26
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	215	772	\$ 24,918.72	\$ 32.28	1.399	\$ 115.90	\$ 45.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,601
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21	196	\$ 8,778.95	\$ 44.79	11.529	\$ 418.05	\$ 516.41
@PHYSICIANS SERVICES	11	33	\$ 182.38	\$ 5.53	1.941	\$ 16.58	\$ 10.73
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	33	182.38	5.53	1.941	16.58	10.73
@PHARMACY	21	76	\$ 5,320.23	\$ 70.00	4.471	\$ 253.34	\$ 312.95
PRESCRIPTION DRUGS	21	76	5,320.23	70.00	4.471	253.34	312.95
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	21	76	5,320.23	70.00	4.471	253.34	312.95
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	21	\$ 453.00	\$ 21.57	1.235	\$ 113.25	\$ 26.65
VISITS - DIAGNOSTIC	1	10	59.00	5.90	.588	59.00	3.47
ORAL SURGERY	2	10	394.00	39.40	.588	197.00	23.18
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	.00	.00	.059	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,602
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11	51	\$ 1,079.90	\$ 21.17	3.000	\$ 98.17	\$ 63.52
HOSP INPATIENT TOTAL	1	6	840.00	140.00	.353	840.00	49.41
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6	840.00	140.00	.353	840.00	49.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	45	239.90	5.33	2.647	23.99	14.11
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	10	45	239.90	5.33	2.647	23.99	14.11
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,603
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	51	\$ 1,079.90	\$ 21.17	3.000	\$ 98.17	\$ 63.52
COMM HOSP INPATIENT TOTAL	1	6	840.00	140.00	.353	840.00	49.41
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6	840.00	140.00	.353	840.00	49.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	45	239.90	5.33	2.647	23.99	14.11
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	10	45	239.90	5.33	2.647	23.99	14.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	7	\$ 207.21	\$ 29.60	.412	\$ 207.21	\$ 12.19
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	7	207.21	29.60	.412	207.21	12.19
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,604

MOP024
EL DORADO COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND

AID CODES 26 6A

01/29/04

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	8	\$ 1,536.23	\$ 192.03	.471	\$ 512.08	\$ 90.37
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	8	1,536.23	192.03	.471	512.08	90.37
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	13	78	\$ 1,262.28	\$ 16.18	4.588	\$ 97.10	\$ 74.25

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PAGE 2,605
01/29/04

482 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	382	5,175	\$ 166,358.40	\$ 32.15	10.737	\$ 435.49	\$ 345.14
@PHYSICIANS SERVICES	59	127	\$ 1,770.78	\$ 13.94	.263	\$ 30.01	\$ 3.67
OUTPATIENT VISITS	1	1	45.76	45.76	.002	45.76	.09
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.002	45.76	.09
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	87.79	43.90	.004	43.90	.18
EXAMINATIONS	1	1	57.79	57.79	.002	57.79	.12
SERVICES AND MATERIALS	1	1	30.00	30.00	.002	30.00	.06

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	3	105.36	35.12	.006	105.36	.22
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	105.36	35.12	.006	105.36	.22
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	146.97	36.74	.008	146.97	.30
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	52.90	52.90	.002	52.90	.11
OTHER SERVICES/ALL X-OVERS	56	116	1,332.00	11.48	.241	23.79	2.76
@PHARMACY	311	1,510	\$ 139,481.84	\$ 92.37	3.133	\$ 448.49	\$ 289.38
PRESCRIPTION DRUGS	310	1,097	138,791.05	126.52	2.276	447.71	287.95

SNF/ICF	17	54		2,230.22	41.30	.112	131.19	4.63
OUTPATIENTS	294	1,043		136,560.83	130.93	2.164	464.49	283.32
MEDICAL SUPPLIES	10	413		690.79	1.67	.857	69.08	1.43
@DENTIST	35	166	\$	8,033.00	\$ 48.39	.344	\$ 229.51	\$ 16.67
VISITS - DIAGNOSTIC	24	95		1,384.00	14.57	.197	57.67	2.87
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	3	4		655.00	163.75	.008	218.33	1.36
ENDODONTICS	4	9		2,245.00	249.44	.019	561.25	4.66
RESTORATIVE DENTISTRY	13	46		3,219.00	69.98	.095	247.62	6.68
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	12		530.00	44.17	.025	530.00	1.10
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,606
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

482 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	11	28	\$ 556.42	\$ 19.87	.058 \$ 50.58 \$ 1.15
DIAGNOSTIC AND ANC. PROCED	4	4	150.36	37.59	.008 37.59 .31
EYE APPLIANCES	8	24	406.06	16.92	.050 50.76 .84
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	.00	.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	6	13	\$ 385.76	\$ 29.67	.027 \$ 64.29 \$.80
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	6	13	385.76	29.67	.027 64.29 .80
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	.00	.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	.00	.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	66	357	\$ 7,511.49	\$ 21.04	.741 \$ 113.81 \$ 15.58
HOSP INPATIENT TOTAL	5	19	3,917.00	206.16	.039 783.40 8.13
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	5	19	3,917.00	206.16	.039 783.40 8.13
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
HOSP OUTPATIENT TOTAL	61	338	3,594.49	10.63	.701 58.93 7.46
MEDICAL	2	3	5.92	1.97	.006 2.96 .01
SURGERY	3	3	152.39	50.80	.006 50.80 .32
PATHOLOGY	6	97	472.19	4.87	.201 78.70 .98
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	6	12	598.61	49.88	.025 99.77 1.24
CROSSOVERS/ALL OTH OUTPTNT	52	223	2,365.38	10.61	.463 45.49 4.91
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,607
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

482 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	66	357	\$ 7,511.49	\$ 21.04	.741	\$ 113.81	\$ 15.58
COMM HOSP INPATIENT TOTAL	5	19	3,917.00	206.16	.039	783.40	8.13
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	19	3,917.00	206.16	.039	783.40	8.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	61	338	3,594.49	10.63	.701	58.93	7.46
MEDICAL	2	3	5.92	1.97	.006	2.96	.01
SURGERY	3	3	152.39	50.80	.006	50.80	.32
PATHOLOGY	6	97	472.19	4.87	.201	78.70	.98
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	6	12	598.61	49.88	.025	99.77	1.24
CROSSOVERS/ALL OTH OUTPTNT	52	223	2,365.38	10.61	.463	45.49	4.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	60.25	\$	60.25	.002	\$ 60.25	\$.13
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	1	1		60.25		60.25	.002	60.25	.13
@ORGANIZED OUTPATIENT CLINIC	12	18	\$	822.90	\$	45.72	.037	\$ 68.58	\$ 1.71
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	1	2		93.85		46.93	.004	93.85	.19
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	11	16		729.05		45.57	.033	66.28	1.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,608
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

482 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	60	2,955	\$ 7,735.96	\$ 2.62	6.131	\$ 128.93	\$ 16.05
DURABLE MED. EQUIP.	8	44	1,551.37	35.26	.091	193.92	3.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	10	1,438.35	143.84	.021	479.45	2.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	23	299.35	13.02	.048	29.94	.62
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	23	979.42	42.58	.048	108.82	2.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	34	2,855	3,467.47	1.21	5.923	101.98	7.19
@CALIF. CHILDREN SERVICES*	1	3	\$ 152.29	\$ 50.76	.006	\$ 152.29	\$.32
@XOVER EXCLUDING STATE HOSP**	124	1,243	\$ 9,742.06	\$ 7.84	2.579	\$ 78.57	\$ 20.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,609
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,611
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED						

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
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EL DORADO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED									

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
MOP024	FEE-FOR-SERVICE/DENTAL									

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EL DORADO COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

1,051 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	878	10,470	\$ 358,632.68	\$ 34.25	9.962	\$ 408.47	\$ 341.23
@PHYSICIANS SERVICES	181	445	\$ 6,601.45	\$ 14.83	.423	\$ 36.47	\$ 6.28
OUTPATIENT VISITS	1	1	45.76	45.76	.001	45.76	.04
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.001	45.76	.04
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	87.79	43.90	.002	43.90	.08
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.05
SERVICES AND MATERIALS	1	1	30.00	30.00	.001	30.00	.03
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	3	105.36	35.12	.003	105.36	.10
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	105.36	35.12	.003	105.36	.10
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	146.97	36.74	.004	146.97	.14
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	52.90	52.90	.001	52.90	.05
OTHER SERVICES/ALL X-OVERS	178	434	6,162.67	14.20	.413	34.62	5.86
@PHARMACY	769	5,443	\$ 256,211.94	\$ 47.07	5.179	\$ 333.18	\$ 243.78
PRESCRIPTION DRUGS	764	2,914	251,545.67	86.32	2.773	329.25	239.34
SNF/ICF	29	129	5,491.49	42.57	.123	189.36	5.23
OUTPATIENTS	737	2,785	246,054.18	88.35	2.650	333.86	234.11
MEDICAL SUPPLIES	55	2,529	4,666.27	1.85	2.406	84.84	4.44
@DENTIST	59	250	\$ 10,506.00	\$ 42.02	.238	\$ 178.07	\$ 10.00
VISITS - DIAGNOSTIC	39	152	2,078.00	13.67	.145	53.28	1.98
ORAL SURGERY	3	11	479.00	43.55	.010	159.67	.46
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	5	710.00	142.00	.005	177.50	.68
ENDODONTICS	4	9	2,245.00	249.44	.009	561.25	2.14
RESTORATIVE DENTISTRY	17	57	4,159.00	72.96	.054	244.65	3.96
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	16	835.00	52.19	.015	208.75	.79
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

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1,051 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS COST PER
PER ELIG USER

COST PER
ELIGIBLE

@OPTOMETRIST	19	48	\$	897.41	\$	18.70	.046	\$	47.23	\$	.85
DIAGNOSTIC AND ANC. PROCED	4	4		150.36		37.59	.004		37.59		.14
EYE APPLIANCES	14	41		693.15		16.91	.039		49.51		.66
OTHER OPTOMETRIC SERVICES	2	3		53.90		17.97	.003		26.95		.05
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	9	16	\$	432.68	\$	27.04	.015	\$	48.08	\$	.41
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	9	16		432.68		27.04	.015		48.08		.41
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	163	649	\$	20,126.15	\$	31.01	.618	\$	123.47	\$	19.15
HOSP INPATIENT TOTAL	17	54		13,121.00		242.98	.051		771.82		12.48
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	17	54		13,121.00		242.98	.051		771.82		12.48
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	149	595		7,005.15		11.77	.566		47.01		6.67
MEDICAL	2	3		5.92		1.97	.003		2.96		.01
SURGERY	3	3		152.39		50.80	.003		50.80		.14
PATHOLOGY	6	97		472.19		4.87	.092		78.70		.45
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	6	12		598.61		49.88	.011		99.77		.57
CROSSOVERS/ALL OTH OUTPTNT	140	480		5,776.04		12.03	.457		41.26		5.50
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,615
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,051 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	163	649	\$ 20,126.15	\$ 31.01	.618	\$ 123.47	\$ 19.15

COMM HOSP INPATIENT TOTAL	17	54	13,121.00	242.98	.051	771.82	12.48
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	17	54	13,121.00	242.98	.051	771.82	12.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	149	595	7,005.15	11.77	.566	47.01	6.67
MEDICAL	2	3	5.92	1.97	.003	2.96	.01
SURGERY	3	3	152.39	50.80	.003	50.80	.14
PATHOLOGY	6	97	472.19	4.87	.092	78.70	.45
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	6	12	598.61	49.88	.011	99.77	.57

CROSSOVERS/ALL OTH OUTPTNT	140	480		5,776.04	12.03	.457	41.26	5.50
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	324	\$	42,954.85	\$ 132.58	.308	\$ 4295.49	\$ 40.87
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	324		42,954.85	132.58	.308	4295.49	40.87
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	66.50	\$ 33.25	.002	\$ 33.25	\$.06
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	2	2		66.50	33.25	.002	33.25	.06
@ORGANIZED OUTPATIENT CLINIC	41	66	\$	4,780.61	\$ 72.43	.063	\$ 116.60	\$ 4.55
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	10	18		2,129.68	118.32	.017	212.97	2.03
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	31	48		2,650.93	55.23	.046	85.51	2.52
#CALIF DEPT OF HEALTH SERV								
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EL DORADO COUNTY								

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

1,051 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	116	3,227	\$ 16,055.09	\$ 4.98	3.070	\$ 138.41	\$ 15.28
DURABLE MED. EQUIP.	9	61	1,873.37	30.71	.058	208.15	1.78
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	92	183.19	1.99	.088	61.06	.17
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	3	33.11	11.04	.003	33.11	.03
OTHER SERVICES	2	89	150.08	1.69	.085	75.04	.14
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	9	48	4,517.01	94.10	.046	501.89	4.30
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	43	531.83	12.37	.041	27.99	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	62.90	20.97	.003	62.90	.06
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	31	2,515.65	81.15	.029	209.64	2.39
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	68	2,949	6,371.14	2.16	2.806	93.69	6.06
@CALIF. CHILDREN SERVICES*	1	3	\$ 152.29	\$ 50.76	.003	\$ 152.29	\$.14
@XOVER EXCLUDING STATE HOSP**	352	2,093	\$ 35,923.06	\$ 17.16	1.991	\$ 102.05	\$ 34.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,617
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

1,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,021	106,150	\$ 525,195.75	\$ 4.95	88.238	\$ 514.39	\$ 436.57
@PHYSICIANS SERVICES	223	2,443	\$ 14,123.05	\$ 5.78	2.031	\$ 63.33	\$ 11.74
OUTPATIENT VISITS	5	6	188.63	31.44	.005	37.73	.16
OFFICE VISITS	2	3	72.00	24.00	.002	36.00	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.002	44.60	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	27.43	27.43	.001	27.43	.02
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	59.44	29.72	.002	59.44	.05
EXAMINATIONS	1	2	59.44	29.72	.002	59.44	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	217	2,435	13,874.98	5.70	2.024	63.94	11.53
@PHARMACY	877	83,790	\$ 231,431.05	\$ 2.76	69.651	\$ 263.89	\$ 192.38
PRESCRIPTION DRUGS	826	3,587	212,732.14	59.31	2.982	257.54	176.83
SNF/ICF	39	228	8,942.06	39.22	.190	229.28	7.43
OUTPATIENTS	793	3,359	203,790.08	60.67	2.792	256.99	169.40
MEDICAL SUPPLIES	224	80,203	18,698.91	.23	66.669	83.48	15.54
@DENTIST	34	129	\$ 6,254.00	\$ 48.48	.107	\$ 183.94	\$ 5.20
VISITS - DIAGNOSTIC	18	84	966.00	11.50	.070	53.67	.80
ORAL SURGERY	5	13	806.00	62.00	.011	161.20	.67
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	110.00	55.00	.002	55.00	.09
ENDODONTICS	2	3	690.00	230.00	.002	345.00	.57
RESTORATIVE DENTISTRY	9	14	1,032.00	73.71	.012	114.67	.86
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	13	2,650.00	203.85	.011	378.57	2.20
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,618
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED							
					AID CODE 18			
						----- MONTHLY AVERAGE -----		
1,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	25	65	\$	1,087.55	\$ 16.73	.054	\$ 43.50	\$.90
DIAGNOSTIC AND ANC. PROCED	6	6		245.26	40.88	.005	40.88	.20
EYE APPLIANCES	20	50		809.18	16.18	.042	40.46	.67
OTHER OPTOMETRIC SERVICES	3	9		33.11	3.68	.007	11.04	.03
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	17	17	\$	206.17	\$ 12.13	.014	\$ 12.13	\$.17
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	17	17		206.17	12.13	.014	12.13	.17
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	1	\$	17.47	\$ 17.47	.001	\$ 17.47	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	172	732	\$	30,813.69	\$ 42.10	.608	\$ 179.15	\$ 25.61
HOSP INPATIENT TOTAL	22	57		17,816.83	312.58	.047	809.86	14.81
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	22	57		17,816.83	312.58	.047	809.86	14.81
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	156	675		12,996.86	19.25	.561	83.31	10.80
MEDICAL	6	8		211.29	26.41	.007	35.22	.18
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		3.88	3.88	.001	3.88	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		28.00	28.00	.001	28.00	.02
CROSSOVERS/ALL OTH OUTPTNT	151	665		12,753.69	19.18	.553	84.46	10.60
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,619
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	172	732	\$ 30,813.69	\$ 42.10	.608	\$ 179.15	\$ 25.61
COMM HOSP INPATIENT TOTAL	22	57	17,816.83	312.58	.047	809.86	14.81
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	22	57	17,816.83	312.58	.047	809.86	14.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	156	675	12,996.86	19.25	.561	83.31	10.80
MEDICAL	6	8	211.29	26.41	.007	35.22	.18
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.88	3.88	.001	3.88	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	28.00	28.00	.001	28.00	.02
CROSSOVERS/ALL OTH OUTPTNT	151	665	12,753.69	19.18	.553	84.46	10.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	35	915	\$ 113,983.80	\$ 124.57	.761	\$ 3256.68	\$ 94.75
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	35	915	113,983.80	124.57	.761	3256.68	94.75
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	15	\$ 7,985.04	\$ 532.34	.012	\$ 887.23	\$ 6.64
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	15	7,985.04	532.34	.012	887.23	6.64
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	18	39	\$ 2,551.79	\$ 65.43	.032	\$ 141.77	\$ 2.12
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	7	6	1,109.75	184.96	.005	158.54	.92
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	33	1,442.04	43.70	.027	131.09	1.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,620
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,203 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	322	18,004	\$	116,742.14	\$ 6.48	14.966	\$ 362.55	\$ 97.04
DURABLE MED. EQUIP.	6	15		805.51	53.70	.012	134.25	.67
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3		183.81	61.27	.002	61.27	.15
MEDICAL TRANSPORTATION	14	154		826.73	5.37	.128	59.05	.69
AMBULANCES/AIR TRANS	1	2		121.75	60.88	.002	121.75	.10
OTHER TRANS	3	39		141.82	3.64	.032	47.27	.12
OTHER SERVICES	10	113		563.16	4.98	.094	56.32	.47
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	197	1,528		104,785.95	68.58	1.270	531.91	87.10
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	16	33		591.46	17.92	.027	36.97	.49
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	6.08	6.08	.001	6.08	.01
SPEECH AND AUDIOLOGY	4	8	1,274.16	159.27	.007	318.54	1.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	111	16,262	8,268.44	.51	13.518	74.49	6.87
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	454	3,701	\$ 73,942.69	\$ 19.98	3.076	\$ 162.87	\$ 61.47

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,621
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	54	1,180	\$ 27,013.37	\$ 22.89	12.967	\$ 500.25	\$ 296.85
@PHYSICIANS SERVICES	15	36	\$ 204.01	\$ 5.67	.396	\$ 13.60	\$ 2.24
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	15	36	204.01	5.67	.396	13.60	2.24
@PHARMACY	49	991	\$ 19,370.11	\$ 19.55	10.890	\$ 395.31	\$ 212.86
PRESCRIPTION DRUGS	49	325	19,184.74	59.03	3.571	391.53	210.82
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	49	325	19,184.74	59.03	3.571	391.53	210.82
MEDICAL SUPPLIES	9	666	185.37	.28	7.319	20.60	2.04
@DENTIST	1	4	\$ 78.00	\$ 19.50	.044	\$ 78.00	\$.86

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
VISITS - DIAGNOSTIC	1	4	78.00	19.50	.044	78.00	.86
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,622 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 EL DORADO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28							
----- MONTHLY AVERAGE -----							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	4	\$ 28.62	\$ 7.16	.044	\$ 7.16	\$.31
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	28.62	7.16	.044	7.16	.31
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	15	77	\$ 3,266.99	\$ 42.43	.846	\$ 217.80	\$ 35.90
HOSP INPATIENT TOTAL	3	4	2,492.00	623.00	.044	830.67	27.38
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	4	2,492.00	623.00	.044	830.67	27.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	73	774.99	10.62	.802	55.36	8.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	14	73	774.99	10.62	.802	55.36	8.52
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,623
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	77	\$ 3,266.99	\$ 42.43	.846	\$ 217.80	\$ 35.90
COMM HOSP INPATIENT TOTAL	3	4	2,492.00	623.00	.044	830.67	27.38
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	4	2,492.00	623.00	.044	830.67	27.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	73	774.99	10.62	.802	55.36	8.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	14	73	774.99	10.62	.802	55.36	8.52
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,624
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	19	68	\$ 4,065.64	\$ 59.79	.747	\$ 213.98	\$ 44.68
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	8	40	3,294.00	82.35	.440	411.75	36.20
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	134.03	33.51	.044	44.68	1.47
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	24	637.61	26.57	.264	79.70	7.01
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	32	137	\$ 4,137.23	\$ 30.20	1.505	\$ 129.29	\$ 45.46

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,625
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED	AID CODE 68

654 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	618	27,627	\$ 402,305.98	\$ 14.56	42.243	\$ 650.98	\$ 615.15
@PHYSICIANS SERVICES	142	1,513	\$ 20,610.17	\$ 13.62	2.313	\$ 145.14	\$ 31.51
OUTPATIENT VISITS	36	56	1,757.00	31.38	.086	48.81	2.69
OFFICE VISITS	29	46	1,180.43	25.66	.070	40.70	1.80
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	9	555.64	61.74	.014	69.46	.85
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	20.93	20.93	.002	20.93	.03
INPATIENT VISITS	5	47	1,445.47	30.75	.072	289.09	2.21

HOSPITAL VISITS	5	47	1,445.47	30.75	.072	289.09	2.21
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	82	5,099.21	62.19	.125	728.46	7.80
PRINCIPAL SURGEON	6	11	3,467.24	315.20	.017	577.87	5.30
ASSISTANT SURGEON	1	1	337.30	337.30	.002	337.30	.52
ANESTHESIOLOGIST	3	70	1,294.67	18.50	.107	431.56	1.98
OUTPATIENT SURGERY	4	19	1,159.15	61.01	.029	289.79	1.77
PRINCIPAL SURGEON	3	5	874.46	174.89	.008	291.49	1.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	284.69	20.34	.021	142.35	.44
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	44	612.01	13.91	.067	51.00	.94

RADIOLOGY	15	29		3,750.25		129.32	.044	250.02	5.73
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	200		3,004.75		15.02	.306	375.59	4.59
OTHER SERVICES/ALL X-OVERS	102	1,036		3,782.33		3.65	1.584	37.08	5.78
@PHARMACY	523	18,092	\$	193,874.65	\$	10.72	27.664	\$ 370.70	\$ 296.44
PRESCRIPTION DRUGS	502	2,388		178,021.38		74.55	3.651	354.62	272.20
SNF/ICF	18	112		3,728.54		33.29	.171	207.14	5.70
OUTPATIENTS	485	2,276		174,292.84		76.58	3.480	359.37	266.50
MEDICAL SUPPLIES	134	15,704		15,853.27		1.01	24.012	118.31	24.24
@DENTIST	61	214	\$	11,011.50	\$	51.46	.327	\$ 180.52	\$ 16.84
VISITS - DIAGNOSTIC	30	122		1,308.50		10.73	.187	43.62	2.00
ORAL SURGERY	9	21		1,491.00		71.00	.032	165.67	2.28
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	7	7		801.00		114.43	.011	114.43	1.22
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	21	43		4,051.00		94.21	.066	192.90	6.19
PROSTHETICS	1	1		30.00		30.00	.002	30.00	.05
DENTURES, STAYPLATES	5	9		3,330.00		370.00	.014	666.00	5.09
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	2	11		.00		.00	.017	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,626
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68								

----- MONTHLY AVERAGE -----									
654 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	18	53	\$ 882.67	\$ 16.65	.081	\$ 49.04	\$ 1.35		
DIAGNOSTIC AND ANC. PROCED	4	4	141.90	35.48	.006	35.48	.22		
EYE APPLIANCES	17	48	725.77	15.12	.073	42.69	1.11		
OTHER OPTOMETRIC SERVICES	1	1	15.00	15.00	.002	15.00	.02		
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	6	7	\$ 74.06	\$ 10.58	.011	\$ 12.34	\$.11		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	6	7	74.06	10.58	.011	12.34	.11		
@HOME HEALTH AGENCY	5	14	\$ 958.25	\$ 68.45	.021	\$ 191.65	\$ 1.47		
NURSE ANESTHESIST	1	11	\$ 23.57	\$ 2.14	.017	\$ 23.57	\$.04		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	111	546	\$ 60,429.46	\$ 110.68	.835	\$ 544.41	\$ 92.40		
HOSP INPATIENT TOTAL	15	100	52,024.49	520.24	.153	3468.30	79.55		
HSC HOSPITALS	1	6	7,260.00	1210.00	.009	7260.00	11.10		
NON-HSC HOSPITAL TOTAL	2	42	34,740.49	827.15	.064	17370.25	53.12		
ACCOMMODATIONS	2	42	17,041.39	405.75	.064	8520.70	26.06		
ADMINISTRATIVE DAYS	1	18	4,163.40	231.30	.028	4163.40	6.37		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	2	24	12,877.99	536.58	.037	6439.00	19.69		
ANCILLARIES	2	0	17,699.10	.00	.000	8849.55	27.06		
INPATIENT CROSSOVERS	12	52	10,024.00	192.77	.080	835.33	15.33		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	102	446	8,404.97	18.85	.682	82.40	12.85		
MEDICAL	3	4	75.60	18.90	.006	25.20	.12		

SURGERY	5	6	238.30	39.72	.009	47.66	.36
PATHOLOGY	11	41	467.54	11.40	.063	42.50	.71
RADIOLOGY	6	13	1,431.89	110.15	.020	238.65	2.19
ROOM USE	8	11	523.00	47.55	.017	65.38	.80
CROSSOVERS/ALL OTH OUTPTNT	86	371	5,668.64	15.28	.567	65.91	8.67
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

654 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	111	546	\$ 60,429.46	\$ 110.68	.835	\$ 544.41	\$ 92.40
COMM HOSP INPATIENT TOTAL	15	100	52,024.49	520.24	.153	3468.30	79.55
HSC HOSPITALS	1	6	7,260.00	1210.00	.009	7260.00	11.10
NON-HSC HOSPITALS TOTAL	2	42	34,740.49	827.15	.064	17370.25	53.12
ACCOMMODATIONS	2	42	17,041.39	405.75	.064	8520.70	26.06
ADMINISTRATIVE DAYS	1	18	4,163.40	231.30	.028	4163.40	6.37
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	24	12,877.99	536.58	.037	6439.00	19.69
ANCILLARIES	2	0	17,699.10	.00	.000	8849.55	27.06
INPATIENT CROSSOVERS	12	52	10,024.00	192.77	.080	835.33	15.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	102	446	8,404.97	18.85	.682	82.40	12.85
MEDICAL	3	4	75.60	18.90	.006	25.20	.12
SURGERY	5	6	238.30	39.72	.009	47.66	.36
PATHOLOGY	11	41	467.54	11.40	.063	42.50	.71
RADIOLOGY	6	13	1,431.89	110.15	.020	238.65	2.19
ROOM USE	8	11	523.00	47.55	.017	65.38	.80
CROSSOVERS/ALL OTH OUTPTNT	86	371	5,668.64	15.28	.567	65.91	8.67
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	16	439	\$ 51,081.23	\$ 116.36	.671	\$ 3192.58	\$ 78.11
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	16	439	51,081.23	116.36	.671	3192.58	78.11
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	18	32	\$	13,019.28	\$	406.85	.049	\$ 723.29	\$ 19.91
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	18	32		13,019.28		406.85	.049	723.29	19.91
@REHABILITATION FACILITY	1	1	\$	21.19	\$	21.19	.002	\$ 21.19	\$.03
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	1	1		21.19		21.19	.002	21.19	.03
@LABORATORY FACILITY	2	6	\$	44.48	\$	7.41	.009	\$ 22.24	\$.07
PATHOLOGY	2	6		44.48		7.41	.009	22.24	.07
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	33	66	\$	3,317.40	\$	50.26	.101	\$ 100.53	\$ 5.07
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	2	10		376.38		37.64	.015	188.19	.58
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	31	56		2,941.02		52.52	.086	94.87	4.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,628
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								AID CODE 68

654 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	123	6,633	\$ 46,958.07	\$ 7.08	10.142	\$ 381.77	\$ 71.80
DURABLE MED. EQUIP.	6	34	6,421.74	188.87	.052	1070.29	9.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	156	1,050.48	6.73	.239	70.03	1.61
AMBULANCES/AIR TRANS	8	61	797.75	13.08	.093	99.72	1.22
OTHER TRANS	6	68	246.58	3.63	.104	41.10	.38
OTHER SERVICES	1	27	6.15	.23	.041	6.15	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	37	232	19,803.28	85.36	.355	535.22	30.28
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	28	304.52	10.88	.043	23.42	.47
PHYSICAL THERAPIST	1	9	147.04	16.34	.014	147.04	.22
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	7CR	.00	.00	.011CR	.00	.00
PROSTHETICS	0	7CR	.00	.00	.011CR	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	5	119	15,517.37	130.40	.182	3103.47	23.73
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	161	817.77	5.08	.246	272.59	1.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	49	5,901	2,895.87	.49	9.023	59.10	4.43
@CALIF. CHILDREN SERVICES*	2	4	\$ 238.18	\$ 59.55	.006	\$ 119.09	\$.36
@XOVER EXCLUDING STATE HOSP**	232	3,324	\$ 43,221.26	\$ 13.00	5.083	\$ 186.30	\$ 66.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,629
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EL DORADO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL								

1,948 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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1,948 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	43	118	\$ 1,970.22	\$ 16.70	.061	\$ 45.82	\$ 1.01
DIAGNOSTIC AND ANC. PROCED	10	10	387.16	38.72	.005	38.72	.20
EYE APPLIANCES	37	98	1,534.95	15.66	.050	41.49	.79
OTHER OPTOMETRIC SERVICES	4	10	48.11	4.81	.005	12.03	.02

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	27	28	\$	308.85	\$	11.03	.014	\$	11.44	\$	.16
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	27	28		308.85		11.03	.014		11.44		.16
@HOME HEALTH AGENCY	5	14	\$	958.25	\$	68.45	.007	\$	191.65	\$	.49
NURSE ANESTHESIST	2	12	\$	41.04	\$	3.42	.006	\$	20.52	\$	.02
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	298	1,355	\$	94,510.14	\$	69.75	.696	\$	317.15	\$	48.52
HOSP INPATIENT TOTAL	40	161		72,333.32		449.28	.083		1808.33		37.13
HSC HOSPITALS	1	6		7,260.00		1210.00	.003		7260.00		3.73

NON-HSC HOSPITAL TOTAL	2	42	34,740.49	827.15	.022	17370.25	17.83
ACCOMMODATIONS	2	42	17,041.39	405.75	.022	8520.70	8.75
ADMINISTRATIVE DAYS	1	18	4,163.40	231.30	.009	4163.40	2.14
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	24	12,877.99	536.58	.012	6439.00	6.61
ANCILLARIES	2	0	17,699.10	.00	.000	8849.55	9.09
INPATIENT CROSSOVERS	37	113	30,332.83	268.43	.058	819.81	15.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	272	1,194	22,176.82	18.57	.613	81.53	11.38
MEDICAL	9	12	286.89	23.91	.006	31.88	.15
SURGERY	5	6	238.30	39.72	.003	47.66	.12
PATHOLOGY	12	42	471.42	11.22	.022	39.29	.24
RADIOLOGY	6	13	1,431.89	110.15	.007	238.65	.74
ROOM USE	9	12	551.00	45.92	.006	61.22	.28
CROSSOVERS/ALL OTH OUTPTNT	251	1,109	19,197.32	17.31	.569	76.48	9.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,631
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL						

	1,948 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	298	1,355	\$	94,510.14	\$ 69.75	.696	\$ 317.15	\$ 48.52
COMM HOSP INPATIENT TOTAL	40	161		72,333.32	449.28	.083	1808.33	37.13
HSC HOSPITALS	1	6		7,260.00	1210.00	.003	7260.00	3.73
NON-HSC HOSPITALS TOTAL	2	42		34,740.49	827.15	.022	17370.25	17.83
ACCOMMODATIONS	2	42		17,041.39	405.75	.022	8520.70	8.75
ADMINISTRATIVE DAYS	1	18		4,163.40	231.30	.009	4163.40	2.14
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	24		12,877.99	536.58	.012	6439.00	6.61
ANCILLARIES	2	0		17,699.10	.00	.000	8849.55	9.09
INPATIENT CROSSOVERS	37	113		30,332.83	268.43	.058	819.81	15.57
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	272	1,194		22,176.82	18.57	.613	81.53	11.38
MEDICAL	9	12		286.89	23.91	.006	31.88	.15
SURGERY	5	6		238.30	39.72	.003	47.66	.12
PATHOLOGY	12	42		471.42	11.22	.022	39.29	.24
RADIOLOGY	6	13		1,431.89	110.15	.007	238.65	.74
ROOM USE	9	12		551.00	45.92	.006	61.22	.28
CROSSOVERS/ALL OTH OUTPTNT	251	1,109		19,197.32	17.31	.569	76.48	9.85
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00

@NURSING FACILITY	51	1,354	\$	165,065.03	\$	121.91	.695	\$	3236.57	\$	84.74
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	51	1,354		165,065.03		121.91	.695		3236.57		84.74
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	27	47	\$	21,004.32	\$	446.90	.024	\$	777.94	\$	10.78
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	27	47		21,004.32		446.90	.024		777.94		10.78
@REHABILITATION FACILITY	1	1	\$	21.19	\$	21.19	.001	\$	21.19	\$	.01
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	1		21.19		21.19	.001		21.19		.01
@LABORATORY FACILITY	2	6	\$	44.48	\$	7.41	.003	\$	22.24	\$	.02
PATHOLOGY	2	6		44.48		7.41	.003		22.24		.02
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	51	105	\$	5,869.19	\$	55.90	.054	\$	115.08	\$	3.01
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	9	16		1,486.13		92.88	.008		165.13		.76
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	42	89		4,383.06		49.25	.046		104.36		2.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,632
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

1,948 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	464	24,705	\$ 167,765.85	\$ 6.79	12.682	\$ 361.56	\$ 86.12
DURABLE MED. EQUIP.	12	49	7,227.25	147.49	.025	602.27	3.71
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	183.81	61.27	.002	61.27	.09
MEDICAL TRANSPORTATION	29	310	1,877.21	6.06	.159	64.73	.96
AMBULANCES/AIR TRANS	9	63	919.50	14.60	.032	102.17	.47
OTHER TRANS	9	107	388.40	3.63	.055	43.16	.20
OTHER SERVICES	11	140	569.31	4.07	.072	51.76	.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	242	1,800	127,883.23	71.05	.924	528.44	65.65
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	29	61	895.98	14.69	.031	30.90	.46
PHYSICAL THERAPIST	1	9	147.04	16.34	.005	147.04	.08
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	7CR	.00	.00	.004CR	.00	.00
PROSTHETICS	0	7CR	.00	.00	.004CR	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	6.08	6.08	.001	6.08	.00
SPEECH AND AUDIOLOGY	7	12	1,408.19	117.35	.006	201.17	.72
HOSPICE SERVICES	5	119	15,517.37	130.40	.061	3103.47	7.97
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	161	817.77	5.08	.083	272.59	.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	168	22,187	11,801.92	.53	11.390	70.25	6.06
@CALIF. CHILDREN SERVICES*	2	4	\$ 238.18	\$ 59.55	.002	\$ 119.09	\$.12

@XOVER EXCLUDING STATE HOSP** 718 7,162 \$ 121,301.18 \$ 16.94 3.677 \$ 168.94 \$ 62.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

6,983 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,258	254,977	\$ 2,286,342.42	\$ 8.97	36.514	\$ 434.83	\$ 327.42
@PHYSICIANS SERVICES	1,115	5,020	\$ 52,384.89	\$ 10.44	.719	\$ 46.98	\$ 7.50
OUTPATIENT VISITS	17	21	731.03	34.81	.003	43.00	.10
OFFICE VISITS	12	15	480.60	32.04	.002	40.05	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	5	223.00	44.60	.001	55.75	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	27.43	27.43	.000	27.43	.00
INPATIENT VISITS	1	1	46.90	46.90	.000	46.90	.01
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	46.90	46.90	.000	46.90	.01
OPHTHALMOLOGICAL SERVICES	2	3	96.59	32.20	.000	48.30	.01
EXAMINATIONS	2	3	96.59	32.20	.000	48.30	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	8	511.60	63.95	.001	170.53	.07
PRINCIPAL SURGEON	3	8	511.60	63.95	.001	170.53	.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	8.08	8.08	.000	8.08	.00
RADIOLOGY	5	8	236.47	29.56	.001	47.29	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	16.00	16.00	.000	16.00	.00
OTHER SERVICES/ALL X-OVERS	1,092	4,977	50,738.22	10.19	.713	46.46	7.27
@PHARMACY	4,585	148,709	\$ 1,167,580.50	\$ 7.85	21.296	\$ 254.65	\$ 167.20
PRESCRIPTION DRUGS	4,482	17,443	1,119,042.23	64.15	2.498	249.67	160.25
SNF/ICF	161	890	41,939.11	47.12	.127	260.49	6.01
OUTPATIENTS	4,338	16,553	1,077,103.12	65.07	2.370	248.29	154.25
MEDICAL SUPPLIES	592	131,266	48,538.27	.37	18.798	81.99	6.95
@DENTIST	281	963	\$ 48,257.75	\$ 50.11	.138	\$ 171.74	\$ 6.91
VISITS - DIAGNOSTIC	174	575	7,856.75	13.66	.082	45.15	1.13
ORAL SURGERY	28	78	3,733.00	47.86	.011	133.32	.53
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	19	19	1,455.00	76.58	.003	76.58	.21
ENDODONTICS	11	17	3,515.00	206.76	.002	319.55	.50
RESTORATIVE DENTISTRY	66	152	16,899.00	111.18	.022	256.05	2.42
PROSTHETICS	6	6	200.00	33.33	.001	33.33	.03
DENTURES, STAYPLATES	58	112	14,599.00	130.35	.016	251.71	2.09
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	4	.00	.00	.001	.00	.00

6,983 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	141	365	\$ 6,496.36	\$ 17.80	.052	\$	46.07	\$.93
DIAGNOSTIC AND ANC. PROCED	14	14	585.42	41.82	.002		41.82	.08
EYE APPLIANCES	108	297	4,939.29	16.63	.043		45.73	.71
OTHER OPTOMETRIC SERVICES	32	54	971.65	17.99	.008		30.36	.14
@CHIROPRACTOR	2	2	\$ 33.44	\$ 16.72	.000	\$	16.72	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	2	2	33.44	16.72	.000		16.72	.00
@PODIATRIST	90	97	\$ 1,045.67	\$ 10.78	.014	\$	11.62	\$.15
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	90	97	1,045.67	10.78	.014		11.62	.15
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	1	1	\$ 17.47	\$ 17.47	.000	\$	17.47	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	929	4,096	\$ 197,079.45	\$ 48.12	.587	\$	212.14	\$ 28.22
HOSP INPATIENT TOTAL	107	419	135,969.39	324.51	.060		1270.74	19.47
HSC HOSPITALS	1	5	5,850.29	1170.06	.001		5850.29	.84
NON-HSC HOSPITAL TOTAL	8	48	52,722.80	1098.39	.007		6590.35	7.55
ACCOMMODATIONS	8	48	21,457.09	447.02	.007		2682.14	3.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	8	48	21,457.09	447.02	.007		2682.14	3.07
ANCILLARIES	8	0	31,265.71	.00	.000		3908.21	4.48
INPATIENT CROSSOVERS	98	366	77,396.30	211.47	.052		789.76	11.08
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	860	3,677	61,110.06	16.62	.527		71.06	8.75
MEDICAL	18	20	605.34	30.27	.003		33.63	.09
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	5	12	165.62	13.80	.002		33.12	.02
RADIOLOGY	2	2	48.59	24.30	.000		24.30	.01
ROOM USE	5	6	206.44	34.41	.001		41.29	.03
CROSSOVERS/ALL OTH OUTPTNT	840	3,637	60,084.07	16.52	.521		71.53	8.60
@COUNTY HOSPITAL TOTAL	4	7	\$ 58.85	\$ 8.41	.001	\$	14.71	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	4	7	58.85	8.41	.001		14.71	.01
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	7	58.85	8.41	.001		14.71	.01

MOP024
EL DORADO COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

01/29/04

6,983 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	926	4,089	\$ 197,020.60	\$ 48.18	.586	\$ 212.77	\$ 28.21
COMM HOSP INPATIENT TOTAL	107	419	135,969.39	324.51	.060	1270.74	19.47
HSC HOSPITALS	1	5	5,850.29	1170.06	.001	5850.29	.84
NON-HSC HOSPITALS TOTAL	8	48	52,722.80	1098.39	.007	6590.35	7.55
ACCOMMODATIONS	8	48	21,457.09	447.02	.007	2682.14	3.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	48	21,457.09	447.02	.007	2682.14	3.07
ANCILLARIES	8	0	31,265.71	.00	.000	3908.21	4.48
INPATIENT CROSSOVERS	98	366	77,396.30	211.47	.052	789.76	11.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	857	3,670		61,051.21		16.64	.526	71.24	8.74
MEDICAL	18	20		605.34		30.27	.003	33.63	.09
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	5	12		165.62		13.80	.002	33.12	.02
RADIOLOGY	2	2		48.59		24.30	.000	24.30	.01
ROOM USE	5	6		206.44		34.41	.001	41.29	.03
CROSSOVERS/ALL OTH OUTPTNT	837	3,630		60,025.22		16.54	.520	71.71	8.60
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	141	3,752	\$	539,357.73	\$	143.75	.537	3825.23	77.24
LEV A-INTERMEDIATE	1	61		5,161.82		84.62	.009	5161.82	.74
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	140	3,691		534,195.91		144.73	.529	3815.69	76.50
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	15	\$	7,985.04	\$	532.34	.002	887.23	1.14
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	9	15		7,985.04		532.34	.002	887.23	1.14
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	5	15	\$	211.20	\$	14.08	.002	42.24	.03
PATHOLOGY	1	10		137.86		13.79	.001	137.86	.02
XO AND OTHERS	4	5		73.34		14.67	.001	18.34	.01
@ORGANIZED OUTPATIENT CLINIC	129	229	\$	17,556.99	\$	76.67	.033	136.10	2.51
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	36	40		7,422.64		185.57	.006	206.18	1.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	93	189		10,134.35		53.62	.027	108.97	1.45
#CALIF DEPT OF HEALTH SERV									
MOP024									
EL DORADO COUNTY									

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				----- MONTHLY AVERAGE -----				
6,983 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	901	91,713	\$ 248,335.93	\$ 2.71	13.134	\$ 275.62	\$ 35.56	
DURABLE MED. EQUIP.	8	33	1,172.51	35.53	.005	146.56	.17	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	9	10	1,732.07	173.21	.001	192.45	.25	
MEDICAL TRANSPORTATION	54	653	3,263.64	5.00	.094	60.44	.47	
AMBULANCES/AIR TRANS	5	11	624.96	56.81	.002	124.99	.09	
OTHER TRANS	15	129	539.52	4.18	.018	35.97	.08	
OTHER SERVICES	36	513	2,099.16	4.09	.073	58.31	.30	
ACUPUNCTURE	3	7	135.16	19.31	.001	45.05	.02	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	359	2,424	174,692.16	72.07	.347	486.61	25.02	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	117	261	3,344.97	12.82	.037	28.59	.48	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	8	11	68.48	6.23	.002	8.56	.01	
PROSTHETIST/ORTHOTISTS	2	3	55.76	18.59	.000	27.88	.01	
PROSTHETICS	2	3	55.76	18.59	.000	27.88	.01	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	

PSYCHOLOGIST	3	3	6.74	2.25	.000	2.25	.00
SPEECH AND AUDIOLOGY	10	20	4,622.21	231.11	.003	462.22	.66
HOSPICE SERVICES	8	215	23,719.74	110.32	.031	2964.97	3.40
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	409	88,073	35,522.49	.40	12.612	86.85	5.09
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2,144	12,709	\$ 283,487.24	\$ 22.31	1.820	\$ 132.22	\$ 40.60

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,637
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

698 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	519	26,535	\$ 463,311.35	\$ 17.46	38.016	\$ 892.70	\$ 663.77
@PHYSICIANS SERVICES	179	560	\$ 18,570.49	\$ 33.16	.802	\$ 103.75	\$ 26.61
OUTPATIENT VISITS	72	108	3,469.43	32.12	.155	48.19	4.97
OFFICE VISITS	36	53	1,413.84	26.68	.076	39.27	2.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	16	18	1,222.26	67.90	.026	76.39	1.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	27	37	833.33	22.52	.053	30.86	1.19
INPATIENT VISITS	13	80	3,329.87	41.62	.115	256.14	4.77
HOSPITAL VISITS	11	78	2,947.33	37.79	.112	267.94	4.22
CRITICAL CARE	2	2	382.54	191.27	.003	191.27	.55
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	271.41	45.24	.009	45.24	.39
EXAMINATIONS	6	6	271.41	45.24	.009	45.24	.39
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	60	4,029.65	67.16	.086	503.71	5.77
PRINCIPAL SURGEON	7	13	3,106.78	238.98	.019	443.83	4.45
ASSISTANT SURGEON	1	1	113.92	113.92	.001	113.92	.16
ANESTHESIOLOGIST	3	46	808.95	17.59	.066	269.65	1.16
OUTPATIENT SURGERY	14	27	2,641.16	97.82	.039	188.65	3.78
PRINCIPAL SURGEON	12	14	2,363.15	168.80	.020	196.93	3.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	278.01	21.39	.019	139.01	.40
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	9	340.21	37.80	.013	48.60	.49
RADIOLOGY	33	56	1,610.93	28.77	.080	48.82	2.31
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	91	214	2,877.83	13.45	.307	31.62	4.12
@PHARMACY	464	10,027	\$ 159,625.46	\$ 15.92	14.365	\$ 344.02	\$ 228.69
PRESCRIPTION DRUGS	454	1,965	146,622.39	74.62	2.815	322.96	210.06
SNF/ICF	25	211	11,240.02	53.27	.302	449.60	16.10
OUTPATIENTS	429	1,754	135,382.37	77.18	2.513	315.58	193.96
MEDICAL SUPPLIES	89	8,062	13,003.07	1.61	11.550	146.10	18.63
@DENTIST	30	170	\$ 5,640.00	\$ 33.18	.244	\$ 188.00	\$ 8.08
VISITS - DIAGNOSTIC	20	102	1,095.00	10.74	.146	54.75	1.57
ORAL SURGERY	7	46	1,906.00	41.43	.066	272.29	2.73
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	2	2	173.00	86.50	.003	86.50	.25
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	14	666.00	47.57	.020	166.50	.95
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	5	1,800.00	360.00	.007	600.00	2.58
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,638
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

698 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	29	\$ 2,327.09	\$ 80.24	.042	\$ 211.55	\$ 3.33
DIAGNOSTIC AND ANC. PROCED	4	4	245.12	61.28	.006	61.28	.35
EYE APPLIANCES	10	25	2,081.97	83.28	.036	208.20	2.98
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	18	20	\$ 249.63	\$ 12.48	.029	\$ 13.87	\$.36
MEDICINE/INJECTIONS	5	5	112.20	22.44	.007	22.44	.16
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	13	15	137.43	9.16	.021	10.57	.20
@HOME HEALTH AGENCY	11	80	\$ 5,920.70	\$ 74.01	.115	\$ 538.25	\$ 8.48
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	127	611	\$ 116,827.51	\$ 191.21	.875	\$ 919.90	\$ 167.37
HOSP INPATIENT TOTAL	19	139	107,963.30	776.71	.199	5682.28	154.68
HSC HOSPITALS	4	18	21,030.00	1168.33	.026	5257.50	30.13
NON-HSC HOSPITAL TOTAL	5	60	78,761.96	1312.70	.086	15752.39	112.84
ACCOMMODATIONS	5	60	31,376.60	522.94	.086	6275.32	44.95
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.003	462.60	.66
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	58	30,914.00	533.00	.083	7728.50	44.29
ANCILLARIES	5	0	47,385.36	.00	.000	9477.07	67.89
INPATIENT CROSSOVERS	10	61	8,171.34	133.96	.087	817.13	11.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	116	472	8,864.21	18.78	.676	76.42	12.70
MEDICAL	8	12	292.99	24.42	.017	36.62	.42
SURGERY	1	1	97.49	97.49	.001	97.49	.14
PATHOLOGY	23	88	1,193.73	13.57	.126	51.90	1.71
RADIOLOGY	14	16	904.16	56.51	.023	64.58	1.30
ROOM USE	44	85	2,867.76	33.74	.122	65.18	4.11
CROSSOVERS/ALL OTH OUTPTNT	67	270	3,508.08	12.99	.387	52.36	5.03
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,639
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

698 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	127	611	\$ 116,827.51	\$ 191.21	.875	\$ 919.90	\$ 167.37
COMM HOSP INPATIENT TOTAL	19	139	107,963.30	776.71	.199	5682.28	154.68
HSC HOSPITALS	4	18	21,030.00	1168.33	.026	5257.50	30.13
NON-HSC HOSPITALS TOTAL	5	60	78,761.96	1312.70	.086	15752.39	112.84
ACCOMMODATIONS	5	60	31,376.60	522.94	.086	6275.32	44.95
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.003	462.60	.66
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	58	30,914.00	533.00	.083	7728.50	44.29
ANCILLARIES	5	0	47,385.36	.00	.000	9477.07	67.89
INPATIENT CROSSOVERS	10	61	8,171.34	133.96	.087	817.13	11.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	116	472	8,864.21	18.78	.676	76.42	12.70
MEDICAL	8	12	292.99	24.42	.017	36.62	.42
SURGERY	1	1	97.49	97.49	.001	97.49	.14
PATHOLOGY	23	88	1,193.73	13.57	.126	51.90	1.71
RADIOLOGY	14	16	904.16	56.51	.023	64.58	1.30
ROOM USE	44	85	2,867.76	33.74	.122	65.18	4.11
CROSSOVERS/ALL OTH OUTPTNT	67	270	3,508.08	12.99	.387	52.36	5.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	18	675	\$ 112,820.15	\$ 167.14	.967	\$ 6267.79	\$ 161.63
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	18	675	112,820.15	167.14	.967	6267.79	161.63
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	28	\$ 541.91	\$ 19.35	.040	\$ 135.48	\$.78
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	4	28	541.91	19.35	.040	135.48	.78
@LABORATORY FACILITY	10	70	\$ 962.79	\$ 13.75	.100	\$ 96.28	\$ 1.38
PATHOLOGY	10	70	962.79	13.75	.100	96.28	1.38
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	23	36	\$ 2,924.53	\$ 81.24	.052	\$ 127.15	\$ 4.19
CLINIC	1	3	98.52	32.84	.004	98.52	.14
SURGICENTER	1	7	207.21	29.60	.010	207.21	.30
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 EL DORADO COUNTY

21 26 2,618.80 100.72 .037 124.70 3.75
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,640
 FEE-FOR-SERVICE/DENTAL 01/29/04
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

698 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	97	14,229	\$ 36,901.09	\$ 2.59	20.385	\$ 380.42	\$ 52.87
DURABLE MED. EQUIP.	7	29	16,299.43	562.05	.042	2328.49	23.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	653.20	653.20	.001	653.20	.94
MEDICAL TRANSPORTATION	16	301	2,446.20	8.13	.431	152.89	3.50
AMBULANCES/AIR TRANS	14	261	2,385.72	9.14	.374	170.41	3.42
OTHER TRANS	1	8	39.61	4.95	.011	39.61	.06
OTHER SERVICES	1	32	20.87	.65	.046	20.87	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	28	137	11,044.21	80.61	.196	394.44	15.82
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	74.04	12.34	.009	24.68	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	168.00	168.00	.001	168.00	.24
PROSTHETICS	1	1	168.00	168.00	.001	168.00	.24
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	18	2,707.36	150.41	.026	270.74	3.88
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	13,736	3,508.65	.26	19.679	97.46	5.03
@CALIF. CHILDREN SERVICES*	19	175	\$ 34,718.81	\$ 198.39	.251	\$ 1827.31	\$ 49.74
@XOVER EXCLUDING STATE HOSP**	140	571	\$ 14,875.35	\$ 26.05	.818	\$ 106.25	\$ 21.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,641
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	

29,215 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21,966	596,213	\$ 14,674,475.89	\$ 24.61	20.408	\$ 668.05	\$ 502.29
@PHYSICIANS SERVICES	6,824	23,169	\$ 848,018.76	\$ 36.60	.793	\$ 124.27	\$ 29.03
OUTPATIENT VISITS	3,620	5,375	212,255.67	39.49	.184	58.63	7.27
OFFICE VISITS	2,206	2,945	96,475.88	32.76	.101	43.73	3.30
HOME VISITS	2	2	114.40	57.20	.000	57.20	.00
EMERGENCY ROOM	1,253	1,606	95,878.51	59.70	.055	76.52	3.28
PREVENTIVE CARE	2	2	109.63	54.82	.000	54.82	.00
OB VISITS/COMPRE PERI	21	37	2,108.50	56.99	.001	100.40	.07
OTHER OUTPATIENT	629	783	17,568.75	22.44	.027	27.93	.60
INPATIENT VISITS	366	1,771	98,716.81	55.74	.061	269.72	3.38
HOSPITAL VISITS	328	1,514	70,662.85	46.67	.052	215.44	2.42
CRITICAL CARE	35	193	25,795.28	133.65	.007	737.01	.88
SNF/ICF/TRANS IP CARE	32	64	2,258.68	35.29	.002	70.58	.08
OPHTHALMOLOGICAL SERVICES	89	102	4,411.51	43.25	.003	49.57	.15
EXAMINATIONS	77	85	3,901.51	45.90	.003	50.67	.13
SERVICES AND MATERIALS	17	17	510.00	30.00	.001	30.00	.02
INPATIENT HOSPITAL SURGERY	191	1,417	87,562.64	61.79	.049	458.44	3.00
PRINCIPAL SURGEON	136	202	64,653.08	320.06	.007	475.39	2.21
ASSISTANT SURGEON	15	15	2,870.30	191.35	.001	191.35	.10
ANESTHESIOLOGIST	79	1,200	20,039.26	16.70	.041	253.66	.69
OUTPATIENT SURGERY	562	1,625	108,627.43	66.85	.056	193.29	3.72
PRINCIPAL SURGEON	478	636	87,743.55	137.96	.022	183.56	3.00
ASSISTANT SURGEON	3	3	183.54	61.18	.000	61.18	.01
ANESTHESIOLOGIST	125	986	20,700.34	20.99	.034	165.60	.71
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	479	919	23,200.21	25.25	.031	48.43	.79
RADIOLOGY	1,389	2,790	139,365.91	49.95	.095	100.34	4.77
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	108	1,220	42,676.82	34.98	.042	395.16	1.46
OTHER SERVICES/ALL X-OVERS	2,850	7,950	131,201.76	16.50	.272	46.04	4.49

@PHARMACY	18,397	283,958	\$	7,129,476.75	\$	25.11	9.720	\$	387.53	\$	244.03
PRESCRIPTION DRUGS	18,203	73,948		6,920,141.33		93.58	2.531		380.16		236.87
SNF/ICF	245	1,640		96,399.28		58.78	.056		393.47		3.30
OUTPATIENTS	17,995	72,308		6,823,742.05		94.37	2.475		379.20		233.57
MEDICAL SUPPLIES	1,681	210,010		209,335.42		1.00	7.188		124.53		7.17
@DENTIST	1,935	7,987	\$	429,226.65	\$	53.74	.273	\$	221.82	\$	14.69
VISITS - DIAGNOSTIC	1,197	4,135		60,257.52		14.57	.142		50.34		2.06
ORAL SURGERY	257	695		36,701.84		52.81	.024		142.81		1.26
DRUGS	3	3		.00		.00	.000		.00		.00
ANESTHESIA	5	5		500.00		100.00	.000		100.00		.02
PERIODONTICS	168	183		19,340.05		105.68	.006		115.12		.66
ENDODONTICS	163	277		68,846.00		248.54	.009		422.37		2.36
RESTORATIVE DENTISTRY	661	1,959		172,124.44		87.86	.067		260.40		5.89
PROSTHETICS	16	16		330.00		20.63	.001		20.63		.01
DENTURES, STAYPLATES	170	609		66,736.80		109.58	.021		392.57		2.28
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	6	6		550.00		91.67	.000		91.67		.02
FRACTURES, DISLOCATIONS	1	1		140.00		140.00	.000		140.00		.00
ORTHODONTIC SERVICES	27	64		3,625.00		56.64	.002		134.26		.12
ALL OTHER SERVICES	28	34		75.00		2.21	.001		2.68		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

29,215 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	690	2,018	\$ 43,451.95	\$ 21.53	.069	\$ 62.97	\$ 1.49
DIAGNOSTIC AND ANC. PROCED	336	342	15,518.13	45.37	.012	46.18	.53
EYE APPLIANCES	550	1,578	25,746.52	16.32	.054	46.81	.88
OTHER OPTOMETRIC SERVICES	69	98	2,187.30	22.32	.003	31.70	.07
@CHIROPRACTOR	17	32	\$ 489.06	\$ 15.28	.001	\$ 28.77	\$.02
VISITS	17	32	489.06	15.28	.001	28.77	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	127	194	\$ 3,421.59	\$ 17.64	.007	\$ 26.94	\$.12
MEDICINE/INJECTIONS	19	21	690.80	32.90	.001	36.36	.02
SURGERY/ANES.	1	1	13.00	13.00	.000	13.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	109	170	2,683.19	15.78	.006	24.62	.09
@HOME HEALTH AGENCY	105	2,259	\$ 96,726.03	\$ 42.82	.077	\$ 921.20	\$ 3.31
NURSE ANESTHESIST	11	82	\$ 395.38	\$ 4.82	.003	\$ 35.94	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	9	16	\$ 350.23	\$ 21.89	.001	\$ 38.91	\$.01
@TOTAL HOSPITAL	5,734	31,037	\$ 4,072,129.95	\$ 131.20	1.062	\$ 710.17	\$ 139.38
HOSP INPATIENT TOTAL	465	2,467	3,358,372.02	1361.32	.084	7222.31	114.95
HSC HOSPITALS	78	551	770,571.50	1398.50	.019	9879.12	26.38
NON-HSC HOSPITAL TOTAL	217	1,356	2,453,420.75	1809.31	.046	11306.09	83.98
ACCOMMODATIONS	216	1,356	751,976.33	554.55	.046	3481.37	25.74
ADMINISTRATIVE DAYS	8	93	21,510.90	231.30	.003	2688.86	.74
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	214	1,263	730,465.43	578.36	.043	3413.39	25.00
ANCILLARIES	217	0	1,701,444.42	.00	.000	7840.76	58.24
INPATIENT CROSSOVERS	173	560	134,379.77	239.96	.019	776.76	4.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,483	28,570	713,757.93	24.98	.978	130.18	24.43
MEDICAL	831	1,439	45,515.09	31.63	.049	54.77	1.56
SURGERY	293	318	13,948.30	43.86	.011	47.61	.48
PATHOLOGY	2,145	10,684	129,522.54	12.12	.366	60.38	4.43
RADIOLOGY	1,271	1,966	164,264.46	83.55	.067	129.24	5.62
ROOM USE	2,178	3,761	138,189.44	36.74	.129	63.45	4.73

CROSSOVERS/ALL OTH OUTPTNT	2,734	10,402		222,318.10	21.37	.356	81.32	7.61
@COUNTY HOSPITAL TOTAL	16	48	\$	23,722.89	\$ 494.23	.002	\$ 1482.68	\$.81
CO HOSPITAL INPATIENT TOTAL	3	21		22,358.00	1064.67	.001	7452.67	.77
HSC HOSPITALS	3	21		22,358.00	1064.67	.001	7452.67	.77
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	27		1,364.89	50.55	.001	104.99	.05
MEDICAL	5	5		113.25	22.65	.000	22.65	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	3		50.19	16.73	.000	50.19	.00
RADIOLOGY	2	3		81.14	27.05	.000	40.57	.00
ROOM USE	6	6		207.40	34.57	.000	34.57	.01
CROSSOVERS/ALL OTH OUTPTNT	5	10		912.91	91.29	.000	182.58	.03

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EL DORADO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	29,215 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,724	30,989	\$	4,048,407.06	\$ 130.64	1.061	\$ 707.27	\$ 138.57
COMM HOSP INPATIENT TOTAL	463	2,446		3,336,014.02	1363.87	.084	7205.21	114.19
HSC HOSPITALS	75	530		748,213.50	1411.72	.018	9976.18	25.61
NON-HSC HOSPITALS TOTAL	217	1,356		2,453,420.75	1809.31	.046	11306.09	83.98
ACCOMMODATIONS	216	1,356		751,976.33	554.55	.046	3481.37	25.74
ADMINISTRATIVE DAYS	8	93		21,510.90	231.30	.003	2688.86	.74
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	214	1,263		730,465.43	578.36	.043	3413.39	25.00
ANCILLARIES	217	0		1,701,444.42	.00	.000	7840.76	58.24
INPATIENT CROSSOVERS	173	560		134,379.77	239.96	.019	776.76	4.60
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,475	28,543		712,393.04	24.96	.977	130.12	24.38
MEDICAL	827	1,434		45,401.84	31.66	.049	54.90	1.55
SURGERY	293	318		13,948.30	43.86	.011	47.61	.48
PATHOLOGY	2,144	10,681		129,472.35	12.12	.366	60.39	4.43
RADIOLOGY	1,270	1,963		164,183.32	83.64	.067	129.28	5.62
ROOM USE	2,174	3,755		137,982.04	36.75	.129	63.47	4.72
CROSSOVERS/ALL OTH OUTPTNT	2,730	10,392		221,405.19	21.31	.356	81.10	7.58
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	149	4,179	\$	634,261.71	\$ 151.77	.143	\$ 4256.79	\$ 21.71
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	6	211		26,260.55	124.46	.007	4376.76	.90
LEV B-SUBACUTE FREESTANDING	2	50		19,434.65	388.69	.002	9717.33	.67
LEV B-SUBACUTE HSPTL BASED	2	75		43,309.95	577.47	.003	21654.98	1.48
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	139	3,843		545,256.56	141.88	.132	3922.71	18.66
@INTERMEDIATE CARE FACIL.-DD	1	29	\$	5,300.91	\$ 182.79	.001	\$ 5300.91	\$.18
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	29		5,300.91	182.79	.001	5300.91	.18
@HEMODIALYSIS TOTAL	45	64	\$	28,805.10	\$ 450.08	.002	\$ 640.11	\$.99
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	45	64		28,805.10	450.08	.002	640.11	.99

@REHABILITATION FACILITY	85	1,298	\$	19,617.23	\$	15.11	.044	\$	230.79	\$	.67
HOSPITAL BASED	10	21		1,075.74		51.23	.001		107.57		.04
INDEPENDENT FACILITY	75	1,277		18,541.49		14.52	.044		247.22		.63
@LABORATORY FACILITY	577	2,724	\$	37,475.67	\$	13.76	.093	\$	64.95	\$	1.28
PATHOLOGY	569	2,714		37,238.14		13.72	.093		65.44		1.27
XO AND OTHERS	8	10		237.53		23.75	.000		29.69		.01
@ORGANIZED OUTPATIENT CLINIC	2,278	4,338	\$	504,138.24	\$	116.21	.148	\$	221.31	\$	17.26
CLINIC	85	213		4,361.52		20.48	.007		51.31		.15
SURGICENTER	71	265		13,117.92		49.50	.009		184.76		.45
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,142	3,860		486,658.80		126.08	.132		227.20		16.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,644
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED										

						----- MONTHLY AVERAGE -----			
29,215 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	3,007	232,829	\$ 821,190.68	\$ 3.53	7.970	\$ 273.09	\$ 28.11		
DURABLE MED. EQUIP.	320	1,502	235,766.85	156.97	.051	736.77	8.07		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	9	11	1,690.70	153.70	.000	187.86	.06		
MEDICAL TRANSPORTATION	585	18,060	101,501.00	5.62	.618	173.51	3.47		
AMBULANCES/AIR TRANS	519	5,783	67,663.20	11.70	.198	130.37	2.32		
OTHER TRANS	24	11,436	20,609.13	1.80	.391	858.71	.71		
OTHER SERVICES	51	841	13,228.67	15.73	.029	259.39	.45		
ACUPUNCTURE	10	33	600.12	18.19	.001	60.01	.02		
ADULT DAY HEALTH CARE CTR	36	593	41,200.83	69.48	.020	1144.47	1.41		
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.01		
IHMC,MODEL-NF,NF,AIDS,MSSP	185	1,520	100,172.27	65.90	.052	541.47	3.43		
OCCUPATIONAL THERAPIST	2	5	103.00	20.60	.000	51.50	.00		
OPTICIAN	521	1,128	12,409.60	11.00	.039	23.82	.42		
PHYSICAL THERAPIST	1	9	147.04	16.34	.000	147.04	.01		
PORTABLE X-RAY	6	10	57.72	5.77	.000	9.62	.00		
PROSTHETIST/ORTHOTISTS	60	174	23,991.22	137.88	.006	399.85	.82		
PROSTHETICS	60	174	23,991.22	137.88	.006	399.85	.82		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	299	783	34,114.13	43.57	.027	114.09	1.17		
HOSPICE SERVICES	19	440	54,580.77	124.05	.015	2872.67	1.87		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	349	15,093	87,079.87	5.77	.517	249.51	2.98		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	810	193,465	127,460.56	.66	6.622	157.36	4.36		
@CALIF. CHILDREN SERVICES*	374	13,003	\$ 905,149.74	\$ 69.61	.445	\$ 2420.19	\$ 30.98		
@XOVER EXCLUDING STATE HOSP**	3,653	25,485	\$ 416,813.99	\$ 16.36	.872	\$ 114.10	\$ 14.27		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,645
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES										

						----- MONTHLY AVERAGE -----			
29,284 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	14,786	73,953	\$ 4,077,836.27	\$ 55.14	2.525	\$ 275.79	\$ 139.25		
@PHYSICIANS SERVICES	5,841	12,995	\$ 607,384.07	\$ 46.74	.444	\$ 103.99	\$ 20.74		
OUTPATIENT VISITS	4,681	6,194	250,171.67	40.39	.212	53.44	8.54		
OFFICE VISITS	2,584	3,195	112,335.79	35.16	.109	43.47	3.84		

HOME VISITS	1	1	37.42	37.42	.000	37.42	.00
EMERGENCY ROOM	1,915	2,227	108,841.10	48.87	.076	56.84	3.72
PREVENTIVE CARE	34	34	1,576.48	46.37	.001	46.37	.05
OB VISITS/COMPRE PERI	141	233	16,555.84	71.06	.008	117.42	.57
OTHER OUTPATIENT	418	504	10,825.04	21.48	.017	25.90	.37
INPATIENT VISITS	213	693	39,300.39	56.71	.024	184.51	1.34
HOSPITAL VISITS	208	580	26,594.08	45.85	.020	127.86	.91
CRITICAL CARE	19	112	12,634.21	112.81	.004	664.96	.43
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	.00
OPHTHALMOLOGICAL SERVICES	40	49	2,103.48	42.93	.002	52.59	.07
EXAMINATIONS	38	44	1,953.48	44.40	.002	51.41	.07
SERVICES AND MATERIALS	5	5	150.00	30.00	.000	30.00	.01
INPATIENT HOSPITAL SURGERY	215	1,010	126,376.18	125.12	.034	587.80	4.32
PRINCIPAL SURGEON	160	239	107,491.37	449.75	.008	671.82	3.67
ASSISTANT SURGEON	17	17	2,965.00	174.41	.001	174.41	.10
ANESTHESIOLOGIST	66	754	15,919.81	21.11	.026	241.21	.54

OUTPATIENT SURGERY	443	1,244		77,381.22		62.20	.042	174.68	2.64
PRINCIPAL SURGEON	360	452		60,405.94		133.64	.015	167.79	2.06
ASSISTANT SURGEON	2	2		153.39		76.70	.000	76.70	.01
ANESTHESIOLOGIST	112	790		16,821.89		21.29	.027	150.20	.57
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	572	760		13,775.22		18.13	.026	24.08	.47
RADIOLOGY	959	1,336		50,629.14		37.90	.046	52.79	1.73
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	100	235		17,232.00		73.33	.008	172.32	.59
OTHER SERVICES/ALL X-OVERS	422	1,474		30,414.77		20.63	.050	72.07	1.04
@PHARMACY	7,170	21,976	\$	838,494.95	\$	38.16	.750	116.94	\$ 28.63
PRESCRIPTION DRUGS	7,129	15,856		828,882.47		52.28	.541	116.27	28.30
SNF/ICF	25	147		8,431.86		57.36	.005	337.27	.29
OUTPATIENTS	7,110	15,709		820,450.61		52.23	.536	115.39	28.02
MEDICAL SUPPLIES	132	6,120		9,612.48		1.57	.209	72.82	.33
@DENTIST	2,142	9,989	\$	376,772.63	\$	37.72	.341	175.90	\$ 12.87
VISITS - DIAGNOSTIC	1,457	6,086		94,202.00		15.48	.208	64.65	3.22
ORAL SURGERY	250	524		30,859.00		58.89	.018	123.44	1.05
DRUGS	16	19		365.00		19.21	.001	22.81	.01
ANESTHESIA	5	5		500.00		100.00	.000	100.00	.02
PERIODONTICS	67	69		6,542.00		94.81	.002	97.64	.22
ENDODONTICS	198	354		62,383.00		176.22	.012	315.07	2.13
RESTORATIVE DENTISTRY	830	2,644		163,572.50		61.87	.090	197.08	5.59
PROSTHETICS	2	2		60.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	23	111		8,290.45		74.69	.004	360.45	.28
SPACE MAINTAINERS	16	21		2,182.00		103.90	.001	136.38	.07
MAXILLOFACIAL SERVICES	2	2		350.00		175.00	.000	175.00	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	79	106		7,016.68		66.20	.004	88.82	.24
ALL OTHER SERVICES	49	46		450.00		9.78	.002	9.18	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
EL DORADO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES								

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29,284 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	459	1,328	\$ 30,420.24	\$ 22.91	.045	\$ 66.28	\$ 1.04
DIAGNOSTIC AND ANC. PROCED	343	346	16,012.03	46.28	.012	46.68	.55
EYE APPLIANCES	345	975	14,188.10	14.55	.033	41.12	.48
OTHER OPTOMETRIC SERVICES	7	7	220.11	31.44	.000	31.44	.01
@CHIROPRACTOR	8	21	\$ 334.40	\$ 15.92	.001	\$ 41.80	\$.01
VISITS	8	21	334.40	15.92	.001	41.80	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	13	\$ 480.92	\$ 36.99	.000	\$ 53.44	\$.02
MEDICINE/INJECTIONS	8	11	373.18	33.93	.000	46.65	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	107.74	53.87	.000	107.74	.00
@HOME HEALTH AGENCY	17	39	\$ 2,343.67	\$ 60.09	.001	\$ 137.86	\$.08
NURSE ANESTHESIST	6	52	743.55	14.30	.002	123.93	.03
NURSE MIDWIFE	5	46	2,435.48	52.95	.002	487.10	.08
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	9	13	354.37	27.26	.000	39.37	.01
@TOTAL HOSPITAL	3,762	14,928	\$ 1,673,778.88	\$ 112.12	.510	\$ 444.92	\$ 57.16
HOSP INPATIENT TOTAL	215	877	1,312,340.88	1496.40	.030	6103.91	44.81
HSC HOSPITALS	55	240	301,989.12	1258.29	.008	5490.71	10.31
NON-HSC HOSPITAL TOTAL	162	637	1,010,351.76	1586.11	.022	6236.74	34.50
ACCOMMODATIONS	157	637	322,650.68	506.52	.022	2055.10	11.02
ADMINISTRATIVE DAYS	2	32	7,401.60	231.30	.001	3700.80	.25
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	155	605	315,249.08	521.07	.021	2033.87	10.77
ANCILLARIES	162	0	687,701.08	.00	.000	4245.07	23.48
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,684	14,051	361,438.00	25.72	.480	98.11	12.34
MEDICAL	596	851	20,401.10	23.97	.029	34.23	.70
SURGERY	307	356	12,089.95	33.96	.012	39.38	.41
PATHOLOGY	1,423	5,133	72,079.14	14.04	.175	50.65	2.46
RADIOLOGY	908	1,218	72,742.53	59.72	.042	80.11	2.48
ROOM USE	2,749	3,875	144,804.48	37.37	.132	52.68	4.94
CROSSOVERS/ALL OTH OUTPTNT	1,325	2,618	39,320.80	15.02	.089	29.68	1.34
@COUNTY HOSPITAL TOTAL	12	61	\$ 21,941.49	\$ 359.70	.002	\$ 1828.46	\$.75
CO HOSPITAL INPATIENT TOTAL	1	19	20,425.02	1075.00	.001	20425.02	.70
HSC HOSPITALS	1	19	20,425.02	1075.00	.001	20425.02	.70
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	42	1,516.47	36.11	.001	137.86	.05
MEDICAL	4	5	187.46	37.49	.000	46.87	.01
SURGERY	2	3	147.81	49.27	.000	73.91	.01
PATHOLOGY	2	5	43.79	8.76	.000	21.90	.00
RADIOLOGY	3	5	321.24	64.25	.000	107.08	.01
ROOM USE	10	13	607.74	46.75	.000	60.77	.02
CROSSOVERS/ALL OTH OUTPTNT	6	11	208.43	18.95	.000	34.74	.01
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EL DORADO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

29,284 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,753	14,867	\$ 1,651,837.39	\$ 111.11	.508	\$ 440.14	\$ 56.41
COMM HOSP INPATIENT TOTAL	214	858	1,291,915.86	1505.73	.029	6036.99	44.12
HSC HOSPITALS	54	221	281,564.10	1274.05	.008	5214.15	9.61
NON-HSC HOSPITALS TOTAL	162	637	1,010,351.76	1586.11	.022	6236.74	34.50
ACCOMMODATIONS	157	637	322,650.68	506.52	.022	2055.10	11.02
ADMINISTRATIVE DAYS	2	32	7,401.60	231.30	.001	3700.80	.25
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	155	605	315,249.08	521.07	.021	2033.87	10.77
ANCILLARIES	162	0	687,701.08	.00	.000	4245.07	23.48
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,676	14,009	359,921.53	25.69	.478	97.91	12.29
MEDICAL	592	846	20,213.64	23.89	.029	34.14	.69
SURGERY	305	353	11,942.14	33.83	.012	39.15	.41
PATHOLOGY	1,421	5,128	72,035.35	14.05	.175	50.69	2.46
RADIOLOGY	905	1,213	72,421.29	59.70	.041	80.02	2.47
ROOM USE	2,742	3,862	144,196.74	37.34	.132	52.59	4.92
CROSSOVERS/ALL OTH OUTPTNT	1,319	2,607	39,112.37	15.00	.089	29.65	1.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	11	\$ 2,600.18	\$ 236.38	.000	\$ 2600.18	\$.09
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	11		2,600.18	236.38	.000	2600.18	.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	10	22	\$	876.33	39.83	.001	87.63	.03
HOSPITAL BASED	7	17		765.03	45.00	.001	109.29	.03
INDEPENDENT FACILITY	3	5		111.30	22.26	.000	37.10	.00
@LABORATORY FACILITY	523	1,634	\$	27,388.63	16.76	.056	52.37	.94
PATHOLOGY	523	1,634		27,388.63	16.76	.056	52.37	.94
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,227	4,182	\$	431,942.56	103.29	.143	193.96	14.75
CLINIC	394	1,201		23,682.60	19.72	.041	60.11	.81
SURGICENTER	50	282		10,308.93	36.56	.010	206.18	.35
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,804	2,699		397,951.03	147.44	.092	220.59	13.59
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

	29,284 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,328	6,704	\$	81,485.41	\$ 12.15	.229	\$ 61.36	\$ 2.78
DURABLE MED. EQUIP.	30	41		4,097.04	99.93	.001	136.57	.14
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		425.53	425.53	.000	425.53	.01
MEDICAL TRANSPORTATION	214	2,844		34,019.40	11.96	.097	158.97	1.16
AMBULANCES/AIR TRANS	213	2,822		28,562.82	10.12	.096	134.10	.98
OTHER TRANS	2	19		56.58	2.98	.001	28.29	.00
OTHER SERVICES	3	3		5,400.00	1800.00	.000	1800.00	.18
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	28	28		2,840.00	101.43	.001	101.43	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	327	684		6,123.71	8.95	.023	18.73	.21
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	18	30		2,886.65	96.22	.001	160.37	.10
PROSTHETICS	18	30		2,886.65	96.22	.001	160.37	.10
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	3	8		484.23	60.53	.000	161.41	.02
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1		1,046.55	1046.55	.000	1046.55	.04
LOCAL EDUCATION AGENCIES	710	3,057		29,221.45	9.56	.104	41.16	1.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	10		340.85	34.09	.000	68.17	.01
@CALIF. CHILDREN SERVICES*	116	865	\$	141,466.90	\$ 163.55	.030	\$ 1219.54	\$ 4.83
@XOVER EXCLUDING STATE HOSP**	5	10	\$	72.30	\$ 7.23	.000	\$ 14.46	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

66,180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	42,529	951,678	\$ 21,501,965.93	\$ 22.59	14.380	\$	505.58	\$ 324.90
@PHYSICIANS SERVICES	13,959	41,744	\$ 1,526,358.21	\$ 36.56	.631	\$	109.35	\$ 23.06
OUTPATIENT VISITS	8,390	11,698	466,627.80	39.89	.177		55.62	7.05
OFFICE VISITS	4,838	6,208	210,706.11	33.94	.094		43.55	3.18
HOME VISITS	3	3	151.82	50.61	.000		50.61	.00
EMERGENCY ROOM	3,188	3,856	206,164.87	53.47	.058		64.67	3.12
PREVENTIVE CARE	36	36	1,686.11	46.84	.001		46.84	.03
OB VISITS/COMPRE PERI	162	270	18,664.34	69.13	.004		115.21	.28
OTHER OUTPATIENT	1,075	1,325	29,254.55	22.08	.020		27.21	.44
INPATIENT VISITS	593	2,545	141,393.97	55.56	.038		238.44	2.14
HOSPITAL VISITS	547	2,172	100,204.26	46.13	.033		183.19	1.51
CRITICAL CARE	56	307	38,812.03	126.42	.005		693.07	.59
SNF/ICF/TRANS IP CARE	34	66	2,377.68	36.03	.001		69.93	.04
OPHTHALMOLOGICAL SERVICES	137	160	6,882.99	43.02	.002		50.24	.10
EXAMINATIONS	123	138	6,222.99	45.09	.002		50.59	.09
SERVICES AND MATERIALS	22	22	660.00	30.00	.000		30.00	.01
INPATIENT HOSPITAL SURGERY	414	2,487	217,968.47	87.64	.038		526.49	3.29
PRINCIPAL SURGEON	303	454	175,251.23	386.02	.007		578.39	2.65
ASSISTANT SURGEON	33	33	5,949.22	180.28	.000		180.28	.09
ANESTHESIOLOGIST	148	2,000	36,768.02	18.38	.030		248.43	.56
OUTPATIENT SURGERY	1,022	2,904	189,161.41	65.14	.044		185.09	2.86
PRINCIPAL SURGEON	853	1,110	151,024.24	136.06	.017		177.05	2.28
ASSISTANT SURGEON	5	5	336.93	67.39	.000		67.39	.01
ANESTHESIOLOGIST	239	1,789	37,800.24	21.13	.027		158.16	.57
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1,059	1,689	37,323.72	22.10	.026		35.24	.56
RADIOLOGY	2,386	4,190	191,842.45	45.79	.063		80.40	2.90
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	209	1,456	59,924.82	41.16	.022		286.72	.91
OTHER SERVICES/ALL X-OVERS	4,455	14,615	215,232.58	14.73	.221		48.31	3.25
@PHARMACY	30,616	464,670	\$ 9,295,177.66	\$ 20.00	7.021	\$	303.61	\$ 140.45
PRESCRIPTION DRUGS	30,268	109,212	9,014,688.42	82.54	1.650		297.83	136.21
SNF/ICF	456	2,888	158,010.27	54.71	.044		346.51	2.39
OUTPATIENTS	29,872	106,324	8,856,678.15	83.30	1.607		296.49	133.83
MEDICAL SUPPLIES	2,494	355,458	280,489.24	.79	5.371		112.47	4.24
@DENTIST	4,388	19,109	\$ 859,897.03	\$ 45.00	.289	\$	195.97	\$ 12.99
VISITS - DIAGNOSTIC	2,848	10,898	163,411.27	14.99	.165		57.38	2.47
ORAL SURGERY	542	1,343	73,199.84	54.50	.020		135.06	1.11
DRUGS	19	22	365.00	16.59	.000		19.21	.01
ANESTHESIA	10	10	1,000.00	100.00	.000		100.00	.02
PERIODONTICS	256	273	27,510.05	100.77	.004		107.46	.42
ENDODONTICS	372	648	134,744.00	207.94	.010		362.22	2.04
RESTORATIVE DENTISTRY	1,561	4,769	353,261.94	74.07	.072		226.30	5.34
PROSTHETICS	24	24	590.00	24.58	.000		24.58	.01
DENTURES, STAYPLATES	254	837	91,426.25	109.23	.013		359.95	1.38
SPACE MAINTAINERS	16	21	2,182.00	103.90	.000		136.38	.03
MAXILLOFACIAL SERVICES	8	8	900.00	112.50	.000		112.50	.01
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000		140.00	.00
ORTHODONTIC SERVICES	106	170	10,641.68	62.60	.003		100.39	.16
ALL OTHER SERVICES	82	85	525.00	6.18	.001		6.40	.01

66,180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,301	3,740	\$	82,695.64	\$ 22.11	.057	\$ 63.56	\$ 1.25
DIAGNOSTIC AND ANC. PROCED	697	706		32,360.70	45.84	.011	46.43	.49
EYE APPLIANCES	1,013	2,875		46,955.88	16.33	.043	46.35	.71
OTHER OPTOMETRIC SERVICES	108	159		3,379.06	21.25	.002	31.29	.05
@CHIROPRACTOR	27	55	\$	856.90	\$ 15.58	.001	\$ 31.74	\$.01
VISITS	25	53		823.46	15.54	.001	32.94	.01
OTHER SERVICES	2	2		33.44	16.72	.000	16.72	.00
@PODIATRIST	244	324	\$	5,197.81	\$ 16.04	.005	\$ 21.30	\$.08
MEDICINE/INJECTIONS	32	37		1,176.18	31.79	.001	36.76	.02
SURGERY/ANES.	1	1		13.00	13.00	.000	13.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	213	284		3,974.03	13.99	.004	18.66	.06
@HOME HEALTH AGENCY	133	2,378	\$	104,990.40	\$ 44.15	.036	\$ 789.40	\$ 1.59
NURSE ANESTHESIST	18	135	\$	1,156.40	\$ 8.57	.002	\$ 64.24	\$.02

NURSE MIDWIFE	5	46	\$	2,435.48	\$	52.95	.001	\$	487.10	\$	.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	18	29	\$	704.60	\$	24.30	.000	\$	39.14	\$	.01
@TOTAL HOSPITAL	10,552	50,672	\$	6,059,815.79	\$	119.59	.766	\$	574.28	\$	91.57	
HOSP INPATIENT TOTAL	806	3,902		4,914,645.59		1259.52	.059		6097.58		74.26	
HSC HOSPITALS	138	814		1,099,440.91		1350.66	.012		7966.96		16.61	
NON-HSC HOSPITAL TOTAL	392	2,101		3,595,257.27		1711.21	.032		9171.57		54.33	
ACCOMMODATIONS	386	2,101		1,127,460.70		536.63	.032		2920.88		17.04	
ADMINISTRATIVE DAYS	11	127		29,375.10		231.30	.002		2670.46		.44	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	381	1,974		1,098,085.60		556.27	.030		2882.11		16.59	
ANCILLARIES	392	0		2,467,796.57		.00	.000		6295.40		37.29	
INPATIENT CROSSOVERS	281	987		219,947.41		222.84	.015		782.73		3.32	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	10,143	46,770		1,145,170.20		24.49	.707		112.90		17.30	
MEDICAL	1,453	2,322		66,814.52		28.77	.035		45.98		1.01	
SURGERY	601	675		26,135.74		38.72	.010		43.49		.39	
PATHOLOGY	3,596	15,917		202,961.03		12.75	.241		56.44		3.07	
RADIOLOGY	2,195	3,202		237,959.74		74.32	.048		108.41		3.60	
ROOM USE	4,976	7,727		286,068.12		37.02	.117		57.49		4.32	
CROSSOVERS/ALL OTH OUTPTNT	4,966	16,927		325,231.05		19.21	.256		65.49		4.91	
@COUNTY HOSPITAL TOTAL	32	116	\$	45,723.23	\$	394.17	.002	\$	1428.85	\$	.69
CO HOSPITAL INPATIENT TOTAL	4	40		42,783.02		1069.58	.001		10695.76		.65	
HSC HOSPITALS	4	40		42,783.02		1069.58	.001		10695.76		.65	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	28	76		2,940.21		38.69	.001		105.01		.04	
MEDICAL	9	10		300.71		30.07	.000		33.41		.00	
SURGERY	2	3		147.81		49.27	.000		73.91		.00	
PATHOLOGY	3	8		93.98		11.75	.000		31.33		.00	
RADIOLOGY	5	8		402.38		50.30	.000		80.48		.01	
ROOM USE	16	19		815.14		42.90	.000		50.95		.01	
CROSSOVERS/ALL OTH OUTPTNT	15	28		1,180.19		42.15	.000		78.68		.02	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE	2,651
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL											

	66,180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10,530		50,556	\$ 6,014,092.56	\$ 118.96	.764	\$ 571.14	\$ 90.87
COMM HOSP INPATIENT TOTAL	803		3,862	4,871,862.57	1261.49	.058	6067.08	73.62
HSC HOSPITALS	134		774	1,056,657.89	1365.19	.012	7885.51	15.97
NON-HSC HOSPITALS TOTAL	392		2,101	3,595,257.27	1711.21	.032	9171.57	54.33
ACCOMMODATIONS	386		2,101	1,127,460.70	536.63	.032	2920.88	17.04
ADMINISTRATIVE DAYS	11		127	29,375.10	231.30	.002	2670.46	.44
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	381		1,974	1,098,085.60	556.27	.030	2882.11	16.59
ANCILLARIES	392		0	2,467,796.57	.00	.000	6295.40	37.29
INPATIENT CROSSOVERS	281		987	219,947.41	222.84	.015	782.73	3.32
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,124		46,694	1,142,229.99	24.46	.706	112.82	17.26
MEDICAL	1,445		2,312	66,513.81	28.77	.035	46.03	1.01
SURGERY	599		672	25,987.93	38.67	.010	43.39	.39
PATHOLOGY	3,593		15,909	202,867.05	12.75	.240	56.46	3.07

RADIOLOGY	2,191	3,194		237,557.36		74.38	.048	108.42	3.59
ROOM USE	4,965	7,708		285,252.98		37.01	.116	57.45	4.31
CROSSOVERS/ALL OTH OUTPTNT	4,953	16,899		324,050.86		19.18	.255	65.43	4.90
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	309	8,617	\$	1,289,039.77	\$	149.59	.130	4171.65	19.48
LEV A-INTERMEDIATE	1	61		5,161.82		84.62	.001	5161.82	.08
LEV B-REHAB MD	6	211		26,260.55		124.46	.003	4376.76	.40
LEV B-SUBACUTE FREESTANDING	2	50		19,434.65		388.69	.001	9717.33	.29
LEV B-SUBACUTE HSPTL BASED	2	75		43,309.95		577.47	.001	21654.98	.65
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	298	8,220		1,194,872.80		145.36	.124	4009.64	18.05
@INTERMEDIATE CARE FACIL.-DD	1	29	\$	5,300.91	\$	182.79	.000	5300.91	.08
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	1	29		5,300.91		182.79	.000	5300.91	.08
@HEMODIALYSIS TOTAL	54	79	\$	36,790.14	\$	465.70	.001	681.30	.56
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	54	79		36,790.14		465.70	.001	681.30	.56
@REHABILITATION FACILITY	99	1,348	\$	21,035.47	\$	15.60	.020	212.48	.32
HOSPITAL BASED	17	38		1,840.77		48.44	.001	108.28	.03
INDEPENDENT FACILITY	82	1,310		19,194.70		14.65	.020	234.08	.29
@LABORATORY FACILITY	1,115	4,443	\$	66,038.29	\$	14.86	.067	59.23	1.00
PATHOLOGY	1,103	4,428		65,727.42		14.84	.067	59.59	.99
XO AND OTHERS	12	15		310.87		20.72	.000	25.91	.00
@ORGANIZED OUTPATIENT CLINIC	4,657	8,785	\$	956,562.32	\$	108.89	.133	205.40	14.45
CLINIC	480	1,417		28,142.64		19.86	.021	58.63	.43
SURGICENTER	158	594		31,056.70		52.28	.009	196.56	.47
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	4,060	6,774		897,362.98		132.47	.102	221.03	13.56
#CALIF DEPT OF HEALTH SERV									
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				----- MONTHLY AVERAGE -----				
66,180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	5,333	345,475	\$ 1,187,913.11	\$ 3.44	5.220	\$ 222.75	\$ 17.95	
DURABLE MED. EQUIP.	365	1,605	257,335.83	160.33	.024	705.03	3.89	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	20	23	4,501.50	195.72	.000	225.08	.07	
MEDICAL TRANSPORTATION	869	21,858	141,230.24	6.46	.330	162.52	2.13	
AMBULANCES/AIR TRANS	751	8,877	99,236.70	11.18	.134	132.14	1.50	
OTHER TRANS	42	11,592	21,244.84	1.83	.175	505.83	.32	
OTHER SERVICES	91	1,389	20,748.70	14.94	.021	228.01	.31	
ACUPUNCTURE	13	40	735.28	18.38	.001	56.56	.01	
ADULT DAY HEALTH CARE CTR	36	593	41,200.83	69.48	.009	1144.47	.62	
GENETIC DISEASE TESTING	31	31	3,155.00	101.77	.000	101.77	.05	
IHMC,MODEL-NF,NF,AIDS,MSSP	572	4,081	285,908.64	70.06	.062	499.84	4.32	
OCCUPATIONAL THERAPIST	2	5	103.00	20.60	.000	51.50	.00	
OPTICIAN	968	2,079	21,952.32	10.56	.031	22.68	.33	
PHYSICAL THERAPIST	1	9	147.04	16.34	.000	147.04	.00	
PORTABLE X-RAY	14	21	126.20	6.01	.000	9.01	.00	
PROSTHETIST/ORTHOTISTS	81	208	27,101.63	130.30	.003	334.59	.41	
PROSTHETICS	81	208	27,101.63	130.30	.003	334.59	.41	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	6	11	490.97	44.63	.000	81.83	.01	
SPEECH AND AUDIOLOGY	319	821	41,443.70	50.48	.012	129.92	.63	
HOSPICE SERVICES	27	655	78,300.51	119.54	.010	2900.02	1.18	
NONINST BIRTHING CENTERS	1	1	1,046.55	1046.55	.000	1046.55	.02	

LOCAL EDUCATION AGENCIES	1,059	18,150	116,301.32	6.41	.274	109.82	1.76
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,260	295,284	166,832.55	.56	4.462	132.41	2.52
@CALIF. CHILDREN SERVICES*	509	14,043	\$ 1,081,335.45	\$ 77.00	.212	\$ 2124.43	\$ 16.34
@XOVER EXCLUDING STATE HOSP**	5,942	38,775	\$ 715,248.88	\$ 18.45	.586	\$ 120.37	\$ 10.81

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,653
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

4,584 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,410	31,228	\$ 1,418,536.42	\$ 45.43	6.812	\$ 415.99	\$ 309.45
@PHYSICIANS SERVICES	770	2,313	\$ 53,788.97	\$ 23.26	.505	\$ 69.86	\$ 11.73
OUTPATIENT VISITS	80	100	4,490.70	44.91	.022	56.13	.98
OFFICE VISITS	61	70	2,688.00	38.40	.015	44.07	.59
HOME VISITS	1	1	80.10	80.10	.000	80.10	.02
EMERGENCY ROOM	20	20	1,526.62	76.33	.004	76.33	.33
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9	195.98	21.78	.002	24.50	.04
INPATIENT VISITS	15	37	1,831.84	49.51	.008	122.12	.40
HOSPITAL VISITS	14	36	1,784.94	49.58	.008	127.50	.39
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	46.90	46.90	.000	46.90	.01
OPHTHALMOLOGICAL SERVICES	10	10	442.99	44.30	.002	44.30	.10
EXAMINATIONS	8	8	392.99	49.12	.002	49.12	.09
SERVICES AND MATERIALS	2	2	50.00	25.00	.000	25.00	.01
INPATIENT HOSPITAL SURGERY	13	89	10,340.77	116.19	.019	795.44	2.26
PRINCIPAL SURGEON	10	18	8,068.31	448.24	.004	806.83	1.76
ASSISTANT SURGEON	1	2	774.38	387.19	.000	774.38	.17
ANESTHESIOLOGIST	4	69	1,498.08	21.71	.015	374.52	.33
OUTPATIENT SURGERY	12	36	3,040.78	84.47	.008	253.40	.66
PRINCIPAL SURGEON	10	18	2,717.15	150.95	.004	271.72	.59
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	18	323.63	17.98	.004	161.82	.07
DIALYSIS	1	16	432.54	27.03	.003	432.54	.09
PATHOLOGY	10	39	1,058.96	27.15	.009	105.90	.23
RADIOLOGY	45	84	5,195.84	61.86	.018	115.46	1.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6	165.14	27.52	.001	55.05	.04
OTHER SERVICES/ALL X-OVERS	670	1,896	26,789.41	14.13	.414	39.98	5.84
@PHARMACY	2,849	19,507	\$ 767,849.68	\$ 39.36	4.255	\$ 269.52	\$ 167.51
PRESCRIPTION DRUGS	2,814	10,541	754,414.09	71.57	2.300	268.09	164.58
SNF/ICF	87	498	26,395.00	53.00	.109	303.39	5.76
OUTPATIENTS	2,739	10,043	728,019.09	72.49	2.191	265.80	158.82
MEDICAL SUPPLIES	190	8,966	13,435.59	1.50	1.956	70.71	2.93
@DENTIST	218	882	\$ 46,917.50	\$ 53.19	.192	\$ 215.22	\$ 10.24
VISITS - DIAGNOSTIC	116	475	5,508.50	11.60	.104	47.49	1.20
ORAL SURGERY	28	82	4,212.00	51.37	.018	150.43	.92
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	18	19	1,703.00	89.63	.004	94.61	.37
ENDODONTICS	12	19	4,910.00	258.42	.004	409.17	1.07
RESTORATIVE DENTISTRY	57	141	11,958.00	84.81	.031	209.79	2.61
PROSTHETICS	3	3	110.00	36.67	.001	36.67	.02

DENTURES, STAYPLATES	50	139	18,516.00	133.21	.030	370.32	4.04
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	4	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,654
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

4,584 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	97	259	\$ 4,663.28	\$ 18.00	.057	\$ 48.08	\$ 1.02
DIAGNOSTIC AND ANC. PROCED	15	15	682.30	45.49	.003	45.49	.15
EYE APPLIANCES	71	205	3,339.95	16.29	.045	47.04	.73
OTHER OPTOMETRIC SERVICES	24	39	641.03	16.44	.009	26.71	.14
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	34	37	\$ 372.95	\$ 10.08	.008	\$ 10.97	\$.08
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	34	37	372.95	10.08	.008	10.97	.08
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	4	22	83.66	3.80	.005	20.92	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	647	2,867	\$ 207,962.31	\$ 72.54	.625	\$ 321.43	\$ 45.37
HOSP INPATIENT TOTAL	80	231	151,367.74	655.27	.050	1892.10	33.02
HSC HOSPITALS	5	14	16,971.00	1212.21	.003	3394.20	3.70
NON-HSC HOSPITAL TOTAL	10	35	84,590.39	2416.87	.008	8459.04	18.45
ACCOMMODATIONS	10	35	22,076.02	630.74	.008	2207.60	4.82
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	35	22,076.02	630.74	.008	2207.60	4.82
ANCILLARIES	10	0	62,514.37	.00	.000	6251.44	13.64
INPATIENT CROSSOVERS	65	182	49,806.35	273.66	.040	766.25	10.87
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	590	2,636	56,594.57	21.47	.575	95.92	12.35
MEDICAL	31	62	1,746.63	28.17	.014	56.34	.38
SURGERY	4	4	333.75	83.44	.001	83.44	.07
PATHOLOGY	60	438	5,039.78	11.51	.096	84.00	1.10
RADIOLOGY	44	74	5,296.36	71.57	.016	120.37	1.16
ROOM USE	39	57	2,381.56	41.78	.012	61.07	.52
CROSSOVERS/ALL OTH OUTPTNT	510	2,001	41,796.49	20.89	.437	81.95	9.12
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,655
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,584 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	647	2,867	\$ 207,962.31	\$ 72.54	.625	\$ 321.43	\$ 45.37
COMM HOSP INPATIENT TOTAL	80	231	151,367.74	655.27	.050	1892.10	33.02
HSC HOSPITALS	5	14	16,971.00	1212.21	.003	3394.20	3.70
NON-HSC HOSPITALS TOTAL	10	35	84,590.39	2416.87	.008	8459.04	18.45
ACCOMMODATIONS	10	35	22,076.02	630.74	.008	2207.60	4.82

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	35		22,076.02	630.74	.008	2207.60	4.82
ANCILLARIES	10	0		62,514.37	.00	.000	6251.44	13.64
INPATIENT CROSSOVERS	65	182		49,806.35	273.66	.040	766.25	10.87
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	590	2,636		56,594.57	21.47	.575	95.92	12.35
MEDICAL	31	62		1,746.63	28.17	.014	56.34	.38
SURGERY	4	4		333.75	83.44	.001	83.44	.07
PATHOLOGY	60	438		5,039.78	11.51	.096	84.00	1.10
RADIOLOGY	44	74		5,296.36	71.57	.016	120.37	1.16
ROOM USE	39	57		2,381.56	41.78	.012	61.07	.52
CROSSOVERS/ALL OTH OUTPTNT	510	2,001		41,796.49	20.89	.437	81.95	9.12
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	73	1,822	\$	227,811.83	\$ 125.03	.397	\$ 3120.71	\$ 49.70
LEV A-INTERMEDIATE	2	66		4,484.04	67.94	.014	2242.02	.98
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	71	1,756		223,327.79	127.18	.383	3145.46	48.72
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	20	28	\$	22,968.98	\$ 820.32	.006	\$ 1148.45	\$ 5.01
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	20	28		22,968.98	820.32	.006	1148.45	5.01
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	90	\$	907.68	\$ 10.09	.020	\$ 50.43	\$.20
PATHOLOGY	17	87		907.05	10.43	.019	53.36	.20
XO AND OTHERS	1	3		.63	.21	.001	.63	.00
@ORGANIZED OUTPATIENT CLINIC	114	232	\$	17,855.80	\$ 76.96	.051	\$ 156.63	\$ 3.90
CLINIC	1	2		32.49	16.25	.000	32.49	.01
SURGICENTER	26	47		5,654.23	120.30	.010	217.47	1.23
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	87	183		12,169.08	66.50	.040	139.87	2.65

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,656
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

4,584 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	437	3,169	\$ 67,353.78	\$ 21.25	.691	\$ 154.13	\$ 14.69
DURABLE MED. EQUIP.	9	22	8,316.69	378.03	.005	924.08	1.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4	840.55	210.14	.001	210.14	.18
MEDICAL TRANSPORTATION	43	458	7,274.61	15.88	.100	169.18	1.59
AMBULANCES/AIR TRANS	17	139	2,313.12	16.64	.030	136.07	.50
OTHER TRANS	14	152	536.53	3.53	.033	38.32	.12
OTHER SERVICES	14	167	4,424.96	26.50	.036	316.07	.97
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	51	337	23,392.84	69.41	.074	458.68	5.10
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	91	196	2,230.06	11.38	.043	24.51	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	5	3.99	.80	.001	1.33	.00
PROSTHETIST/ORTHOTISTS	4	6	277.28	46.21	.001	69.32	.06
PROSTHETICS	4	6	277.28	46.21	.001	69.32	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	37.16	18.58	.000	18.58	.01
SPEECH AND AUDIOLOGY	3	7	937.19	133.88	.002	312.40	.20
HOSPICE SERVICES	4	85	9,300.54	109.42	.019	2325.14	2.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	240	2,047	14,742.87	7.20	.447	61.43	3.22
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1,197	6,332	152,715.70	24.12	1.381	127.58	33.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,657
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22	341	\$ 24,131.67	\$ 70.77	7.578	\$ 1096.89	\$ 536.26
@PHYSICIANS SERVICES	12	78	\$ 2,426.49	\$ 31.11	1.733	\$ 202.21	\$ 53.92
OUTPATIENT VISITS	2	4	99.89	24.97	.089	49.95	2.22
OFFICE VISITS	1	2	61.50	30.75	.044	61.50	1.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	38.39	19.20	.044	19.20	.85
INPATIENT VISITS	4	46	1,470.98	31.98	1.022	367.75	32.69
HOSPITAL VISITS	4	46	1,470.98	31.98	1.022	367.75	32.69
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3	633.06	211.02	.067	316.53	14.07
PRINCIPAL SURGEON	2	3	633.06	211.02	.067	316.53	14.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	55.85	55.85	.022	55.85	1.24
PRINCIPAL SURGEON	1	1	55.85	55.85	.022	55.85	1.24
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	40.31	20.16	.044	40.31	.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	22	126.40	5.75	.489	18.06	2.81
@PHARMACY	20	141	\$ 9,411.48	\$ 66.75	3.133	\$ 470.57	\$ 209.14
PRESCRIPTION DRUGS	18	86	7,757.17	90.20	1.911	430.95	172.38
SNF/ICF	2	8	317.45	39.68	.178	158.73	7.05
OUTPATIENTS	16	78	7,439.72	95.38	1.733	464.98	165.33

MEDICAL SUPPLIES	6	55		1,654.31		30.08	1.222	275.72	36.76
@DENTIST	3	6	\$	425.00	\$	70.83	.133	141.67	9.44
VISITS - DIAGNOSTIC	2	2		45.00		22.50	.044	22.50	1.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	4		380.00		95.00	.089	380.00	8.44
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,658
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	56	\$ 4,192.16	\$ 74.86	1.244	\$ 1048.04	\$ 93.16
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	5	28	\$ 547.62	\$ 19.56	.622	\$ 109.52	\$ 12.17
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	28	547.62	19.56	.622	109.52	12.17
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	47.36	9.47	.111	23.68	1.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	56.00	28.00	.044	28.00	1.24
CROSSOVERS/ALL OTH OUTPTNT	3	21	444.26	21.16	.467	148.09	9.87
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,659
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	28	\$ 547.62	\$ 19.56	.622	\$ 109.52	\$ 12.17
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	28	547.62	19.56	.622	109.52	12.17
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	47.36	9.47	.111	23.68	1.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	56.00	28.00	.044	28.00	1.24
CROSSOVERS/ALL OTH OUTPTNT	3	21	444.26	21.16	.467	148.09	9.87
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	30	\$ 7,091.40	\$ 236.38	.667	\$ 7091.40	\$ 157.59
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	30	7,091.40	236.38	.667	7091.40	157.59
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	37.52	\$	18.76	.044	\$ 18.76	\$.83
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		37.52		18.76	.044	18.76	.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,660
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								AID CODE 24
							----- MONTHLY AVERAGE -----		
45 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	7	41	\$	523.22	\$	12.76	.911 \$ 74.75 \$ 11.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,661
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED	64 6G 6H 6U 6V 6X 8G	

4,251 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,023	73,217	\$ 2,191,028.95	\$ 29.93	17.223	\$ 724.79	\$ 515.41
@PHYSICIANS SERVICES	740	2,869	\$ 75,674.15	\$ 26.38	.675	\$ 102.26	\$ 17.80
OUTPATIENT VISITS	229	348	15,155.08	43.55	.082	66.18	3.57
OFFICE VISITS	146	206	6,626.29	32.17	.048	45.39	1.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	83	114	7,998.59	70.16	.027	96.37	1.88
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	28	28	530.20	18.94	.007	18.94	.12
INPATIENT VISITS	56	312	12,589.96	40.35	.073	224.82	2.96
HOSPITAL VISITS	52	299	11,715.56	39.18	.070	225.30	2.76
CRITICAL CARE	3	6	604.20	100.70	.001	201.40	.14
SNF/ICF/TRANS IP CARE	7	7	270.20	38.60	.002	38.60	.06
OPHTHALMOLOGICAL SERVICES	4	4	170.46	42.62	.001	42.62	.04
EXAMINATIONS	3	3	150.46	50.15	.001	50.15	.04
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	23	104	5,872.56	56.47	.024	255.33	1.38
PRINCIPAL SURGEON	16	19	3,655.02	192.37	.004	228.44	.86
ASSISTANT SURGEON	2	2	209.20	104.60	.000	104.60	.05
ANESTHESIOLOGIST	5	83	2,008.34	24.20	.020	401.67	.47
OUTPATIENT SURGERY	31	104	6,234.63	59.95	.024	201.12	1.47
PRINCIPAL SURGEON	25	36	4,751.11	131.98	.008	190.04	1.12
ASSISTANT SURGEON	1	1	198.81	198.81	.000	198.81	.05
ANESTHESIOLOGIST	6	67	1,284.71	19.17	.016	214.12	.30

DIALYSIS	0	0		.00		.00		.000		.00		.00
PATHOLOGY	35	68		1,921.26		28.25		.016		54.89		.45
RADIOLOGY	112	266		8,971.62		33.73		.063		80.10		2.11
PSYCHIATRY	0	0		.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	9	75		2,933.83		39.12		.018		325.98		.69
OTHER SERVICES/ALL X-OVERS	514	1,588		21,824.75		13.74		.374		42.46		5.13
@PHARMACY	2,408	19,109	\$	1,223,092.15	\$	64.01		4.495	\$	507.93	\$	287.72
PRESCRIPTION DRUGS	2,381	9,962		1,205,489.56		121.01		2.343		506.30		283.58
SNF/ICF	23	109		4,228.24		38.79		.026		183.84		.99
OUTPATIENTS	2,364	9,853		1,201,261.32		121.92		2.318		508.15		282.58
MEDICAL SUPPLIES	171	9,147		17,602.59		1.92		2.152		102.94		4.14
@DENTIST	310	1,308	\$	78,921.25	\$	60.34		.308	\$	254.58	\$	18.57
VISITS - DIAGNOSTIC	185	589		8,399.50		14.26		.139		45.40		1.98
ORAL SURGERY	45	126		6,020.75		47.78		.030		133.79		1.42
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	30	32		3,401.00		106.28		.008		113.37		.80
ENDODONTICS	32	47		11,740.00		249.79		.011		366.88		2.76
RESTORATIVE DENTISTRY	123	364		38,029.00		104.48		.086		309.18		8.95
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	40	146		11,331.00		77.61		.034		283.28		2.67
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	2	4		.00		.00		.001		.00		.00
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,662
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EL DORADO COUNTY				SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

4,251 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	81	252	\$ 4,869.19	\$ 19.32	.059	\$ 60.11	\$ 1.15
DIAGNOSTIC AND ANC. PROCED	29	29	1,376.05	47.45	.007	47.45	.32
EYE APPLIANCES	75	212	3,321.67	15.67	.050	44.29	.78
OTHER OPTOMETRIC SERVICES	7	11	171.47	15.59	.003	24.50	.04
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	15	18	\$ 121.42	\$ 6.75	.004	\$ 8.09	\$.03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	15	18	121.42	6.75	.004	8.09	.03
@HOME HEALTH AGENCY	51	6,302	\$ 181,738.20	\$ 28.84	1.482	\$ 3563.49	\$ 42.75
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 40.00	\$ 40.00	.000	\$ 40.00	\$.01
@TOTAL HOSPITAL	608	4,324	\$ 444,438.87	\$ 102.78	1.017	\$ 730.98	\$ 104.55
HOSP INPATIENT TOTAL	67	379	377,160.47	995.15	.089	5629.26	88.72
HSC HOSPITALS	20	130	147,972.00	1138.25	.031	7398.60	34.81
NON-HSC HOSPITAL TOTAL	17	93	202,866.55	2181.36	.022	11933.33	47.72
ACCOMMODATIONS	17	93	57,794.15	621.44	.022	3399.66	13.60
ADMINISTRATIVE DAYS	2	24	5,088.60	212.03	.006	2544.30	1.20
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	69	52,705.55	763.85	.016	3513.70	12.40
ANCILLARIES	17	0	145,072.40	.00	.000	8533.67	34.13
INPATIENT CROSSOVERS	33	156	26,321.92	168.73	.037	797.63	6.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	572	3,945		67,278.40		17.05	.928	117.62	15.83
MEDICAL	46	89		3,296.50		37.04	.021	71.66	.78
SURGERY	20	24		904.88		37.70	.006	45.24	.21
PATHOLOGY	153	1,130		13,116.97		11.61	.266	85.73	3.09
RADIOLOGY	77	109		8,531.83		78.27	.026	110.80	2.01
ROOM USE	118	199		7,167.43		36.02	.047	60.74	1.69
CROSSOVERS/ALL OTH OUTPTNT	399	2,394		34,260.79		14.31	.563	85.87	8.06
@COUNTY HOSPITAL TOTAL	2	23	\$	25,760.00	\$	1120.00	.005	\$ 12880.00	\$ 6.06
CO HOSPITAL INPATIENT TOTAL	2	23		25,760.00		1120.00	.005	12880.00	6.06
HSC HOSPITALS	2	23		25,760.00		1120.00	.005	12880.00	6.06
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

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4,251 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	606	4,301	\$ 418,678.87	\$ 97.34	1.012	\$ 690.89	\$ 98.49
COMM HOSP INPATIENT TOTAL	65	356	351,400.47	987.08	.084	5406.16	82.66
HSC HOSPITALS	18	107	122,212.00	1142.17	.025	6789.56	28.75
NON-HSC HOSPITALS TOTAL	17	93	202,866.55	2181.36	.022	11933.33	47.72
ACCOMMODATIONS	17	93	57,794.15	621.44	.022	3399.66	13.60
ADMINISTRATIVE DAYS	2	24	5,088.60	212.03	.006	2544.30	1.20
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	69	52,705.55	763.85	.016	3513.70	12.40
ANCILLARIES	17	0	145,072.40	.00	.000	8533.67	34.13
INPATIENT CROSSOVERS	33	156	26,321.92	168.73	.037	797.63	6.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	572	3,945	67,278.40	17.05	.928	117.62	15.83
MEDICAL	46	89	3,296.50	37.04	.021	71.66	.78
SURGERY	20	24	904.88	37.70	.006	45.24	.21
PATHOLOGY	153	1,130	13,116.97	11.61	.266	85.73	3.09
RADIOLOGY	77	109	8,531.83	78.27	.026	110.80	2.01
ROOM USE	118	199	7,167.43	36.02	.047	60.74	1.69
CROSSOVERS/ALL OTH OUTPTNT	399	2,394	34,260.79	14.31	.563	85.87	8.06
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	17	328	\$ 49,141.83	\$ 149.82	.077	\$ 2890.70	\$ 11.56
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	17	328	49,141.83	149.82	.077	2890.70	11.56
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	16	\$ 4,915.23	\$ 307.20	.004	\$ 546.14	\$ 1.16
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	16	4,915.23	307.20	.004	546.14	1.16
@REHABILITATION FACILITY	20	294	\$ 5,210.97	\$ 17.72	.069	\$ 260.55	\$ 1.23
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	20	294	5,210.97	17.72	.069	260.55	1.23
@LABORATORY FACILITY	37	258	\$ 3,679.90	\$ 14.26	.061	\$ 99.46	\$.87
PATHOLOGY	35	251	3,627.35	14.45	.059	103.64	.85
XO AND OTHERS	2	7	52.55	7.51	.002	26.28	.01
@ORGANIZED OUTPATIENT CLINIC	192	331	\$ 29,149.90	\$ 88.07	.078	\$ 151.82	\$ 6.86
CLINIC	7	9	285.84	31.76	.002	40.83	.07
SURGICENTER	6	21	1,045.64	49.79	.005	174.27	.25
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	180	301	27,818.42	92.42	.071	154.55	6.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,664
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

	4,251 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	412	37,807	\$ 90,035.89	\$ 2.38	8.894	\$ 218.53	\$ 21.18	
DURABLE MED. EQUIP.	25	61	15,423.04	252.84	.014	616.92	3.63	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	2	2	44.69	22.35	.000	22.35	.01	
MEDICAL TRANSPORTATION	44	625	5,247.78	8.40	.147	119.27	1.23	
AMBULANCES/AIR TRANS	36	490	4,860.19	9.92	.115	135.01	1.14	
OTHER TRANS	1	4	32.11	8.03	.001	32.11	.01	
OTHER SERVICES	7	131	355.48	2.71	.031	50.78	.08	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	22	112	12,396.65	110.68	.026	563.48	2.92	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	79	173	2,165.61	12.52	.041	27.41	.51	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	4	7	181.63	25.95	.002	45.41	.04	
PROSTHETIST/ORTHOTISTS	8	20	1,392.32	69.62	.005	174.04	.33	
PROSTHETICS	8	20	1,392.32	69.62	.005	174.04	.33	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	1	1	46.44	46.44	.000	46.44	.01	
SPEECH AND AUDIOLOGY	9	19	5,274.62	277.61	.004	586.07	1.24	
HOSPICE SERVICES	4	36	3,914.01	108.72	.008	978.50	.92	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	109	6,470	30,537.61	4.72	1.522	280.16	7.18	
EPSDT SUPPLEMENTAL SERVICE	1	4	117.64	29.41	.001	117.64	.03	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	127	30,277	13,293.85	.44	7.122	104.68	3.13	
@CALIF. CHILDREN SERVICES*	54	2,900	\$ 38,294.21	\$ 13.20	.682	\$ 709.15	\$ 9.01	
@XOVER EXCLUDING STATE HOSP**	727	4,106	\$ 91,975.39	\$ 22.40	.966	\$ 126.51	\$ 21.64	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,665
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EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

----- MONTHLY AVERAGE -----

67,112 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27,863	136,587	\$ 8,101,330.00	\$ 59.31	2.035	\$ 290.76	\$ 120.71
@PHYSICIANS SERVICES	11,166	24,630	\$ 1,278,732.74	\$ 51.92	.367	\$ 114.52	\$ 19.05
OUTPATIENT VISITS	8,344	10,922	461,879.66	42.29	.163	55.35	6.88
OFFICE VISITS	4,667	5,722	196,762.75	34.39	.085	42.16	2.93
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3,268	3,758	194,332.66	51.71	.056	59.47	2.90
PREVENTIVE CARE	69	69	2,821.93	40.90	.001	40.90	.04
OB VISITS/COMPRE PERI	464	682	53,368.49	78.25	.010	115.02	.80
OTHER OUTPATIENT	561	691	14,593.83	21.12	.010	26.01	.22
INPATIENT VISITS	557	1,561	91,876.35	58.86	.023	164.95	1.37
HOSPITAL VISITS	536	1,259	56,476.93	44.86	.019	105.37	.84
CRITICAL CARE	38	302	35,399.42	117.22	.004	931.56	.53
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	72	91	3,964.16	43.56	.001	55.06	.06

EXAMINATIONS	63	77		3,573.16		46.40	.001	56.72	.05
SERVICES AND MATERIALS	14	14		391.00		27.93	.000	27.93	.01
INPATIENT HOSPITAL SURGERY	588	2,236		341,146.62		152.57	.033	580.18	5.08
PRINCIPAL SURGEON	428	557		294,732.20		529.14	.008	688.63	4.39
ASSISTANT SURGEON	63	64		11,603.38		181.30	.001	184.18	.17
ANESTHESIOLOGIST	169	1,615		34,811.04		21.55	.024	205.98	.52
OUTPATIENT SURGERY	940	2,314		149,373.19		64.55	.034	158.91	2.23
PRINCIPAL SURGEON	802	1,056		120,819.06		114.41	.016	150.65	1.80
ASSISTANT SURGEON	4	4		394.80		98.70	.000	98.70	.01
ANESTHESIOLOGIST	206	1,254		28,159.33		22.46	.019	136.70	.42
DIALYSIS	3	5		499.94		99.99	.000	166.65	.01
PATHOLOGY	1,381	1,900		36,888.52		19.42	.028	26.71	.55
RADIOLOGY	1,941	2,823		117,575.38		41.65	.042	60.57	1.75
PSYCHIATRY	1	6		87.54		14.59	.000	87.54	.00
IMMUNIZATION AND INJECTION	244	485		16,906.25		34.86	.007	69.29	.25
OTHER SERVICES/ALL X-OVERS	983	2,287		58,535.13		25.59	.034	59.55	.87
@PHARMACY	13,194	35,925	\$	1,519,699.05	\$	42.30	.535	115.18	22.64
PRESCRIPTION DRUGS	13,103	28,153		1,490,569.59		52.95	.419	113.76	22.21
SNF/ICF	10	29		1,340.18		46.21	.000	134.02	.02
OUTPATIENTS	13,094	28,124		1,489,229.41		52.95	.419	113.73	22.19
MEDICAL SUPPLIES	284	7,772		29,129.46		3.75	.116	102.57	.43
@DENTIST	3,732	17,039	\$	696,740.97	\$	40.89	.254	186.69	10.38
VISITS - DIAGNOSTIC	2,494	9,814		155,350.52		15.83	.146	62.29	2.31
ORAL SURGERY	542	1,013		59,650.00		58.88	.015	110.06	.89
DRUGS	39	48		1,090.00		22.71	.001	27.95	.02
ANESTHESIA	12	12		1,025.00		85.42	.000	85.42	.02
PERIODONTICS	192	198		20,888.00		105.49	.003	108.79	.31
ENDODONTICS	368	620		113,533.00		183.12	.009	308.51	1.69
RESTORATIVE DENTISTRY	1,507	4,801		310,774.40		64.73	.072	206.22	4.63
PROSTHETICS	11	12		270.00		22.50	.000	24.55	.00
DENTURES, STAYPLATES	56	266		19,606.67		73.71	.004	350.12	.29
SPACE MAINTAINERS	32	36		3,520.00		97.78	.001	110.00	.05
MAXILLOFACIAL SERVICES	8	8		1,550.00		193.75	.000	193.75	.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	67	94		8,658.38		92.11	.001	129.23	.13
ALL OTHER SERVICES	91	117		825.00		7.05	.002	9.07	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,666
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K								

----- MONTHLY AVERAGE -----									
67,112 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	751	2,275	\$ 51,210.34	\$ 22.51	.034	\$ 68.19	\$.76		
DIAGNOSTIC AND ANC. PROCED	556	561	25,887.52	46.15	.008	46.56	.39		
EYE APPLIANCES	598	1,693	24,650.01	14.56	.025	41.22	.37		
OTHER OPTOMETRIC SERVICES	19	21	672.81	32.04	.000	35.41	.01		
@CHIROPRACTOR	29	75	\$ 1,249.82	\$ 16.66	.001	\$ 43.10	\$.02		
VISITS	29	75	1,249.82	16.66	.001	43.10	.02		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	18	26	\$ 1,057.74	\$ 40.68	.000	\$ 58.76	\$.02		
MEDICINE/INJECTIONS	17	21	761.45	36.26	.000	44.79	.01		
SURGERY/ANES.	2	3	110.99	37.00	.000	55.50	.00		
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00		
OTHER	1	1	168.00	168.00	.000	168.00	.00		
@HOME HEALTH AGENCY	51	427	\$ 19,815.69	\$ 46.41	.006	\$ 388.54	\$.30		
NURSE ANESTHESIST	3	20	\$ 316.71	\$ 15.84	.000	\$ 105.57	\$.00		
NURSE MIDWIFE	2	2	\$ 62.34	\$ 31.17	.000	\$ 31.17	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	3	8	\$ 281.45	\$ 35.18	.000	\$ 93.82	\$.00		
@TOTAL HOSPITAL	7,324	31,211	\$ 3,647,530.39	\$ 116.87	.465	\$ 498.02	\$ 54.35		

HOSP INPATIENT TOTAL	549	2,136	2,896,775.08	1356.17	.032	5276.46	43.16
HSC HOSPITALS	97	622	829,678.37	1333.89	.009	8553.39	12.36
NON-HSC HOSPITAL TOTAL	454	1,507	2,064,721.43	1370.09	.022	4547.84	30.77
ACCOMMODATIONS	440	1,507	732,170.93	485.85	.022	1664.02	10.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	440	1,507	732,170.93	485.85	.022	1664.02	10.91
ANCILLARIES	454	0	1,332,550.50	.00	.000	2935.13	19.86
INPATIENT CROSSOVERS	3	7	2,375.28	339.33	.000	791.76	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7,093	29,075	750,755.31	25.82	.433	105.84	11.19
MEDICAL	963	1,405	40,978.19	29.17	.021	42.55	.61
SURGERY	547	636	21,865.70	34.38	.009	39.97	.33
PATHOLOGY	3,273	12,579	173,020.51	13.75	.187	52.86	2.58
RADIOLOGY	1,842	2,442	158,406.18	64.87	.036	86.00	2.36
ROOM USE	4,633	6,346	244,089.08	38.46	.095	52.68	3.64
CROSSOVERS/ALL OTH OUTPTNT	2,483	5,667	112,395.65	19.83	.084	45.27	1.67
@COUNTY HOSPITAL TOTAL	22	108	\$ 32,550.76	\$ 301.40	.002	\$ 1479.58	\$.49
CO HOSPITAL INPATIENT TOTAL	3	26	28,730.05	1105.00	.000	9576.68	.43
HSC HOSPITALS	3	26	28,730.05	1105.00	.000	9576.68	.43
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	82	3,820.71	46.59	.001	191.04	.06
MEDICAL	5	7	327.71	46.82	.000	65.54	.00
SURGERY	5	6	622.16	103.69	.000	124.43	.01
PATHOLOGY	7	26	416.99	16.04	.000	59.57	.01
RADIOLOGY	3	4	679.72	169.93	.000	226.57	.01
ROOM USE	13	18	861.92	47.88	.000	66.30	.01
CROSSOVERS/ALL OTH OUTPTNT	8	21	912.21	43.44	.000	114.03	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,667
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						

	67,112 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,306	31,103	\$ 3,614,979.63	\$ 116.23	.463	\$ 494.80	\$ 53.86	
COMM HOSP INPATIENT TOTAL	546	2,110	2,868,045.03	1359.26	.031	5252.83	42.74	
HSC HOSPITALS	94	596	800,948.32	1343.87	.009	8520.73	11.93	
NON-HSC HOSPITALS TOTAL	454	1,507	2,064,721.43	1370.09	.022	4547.84	30.77	
ACCOMMODATIONS	440	1,507	732,170.93	485.85	.022	1664.02	10.91	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	440	1,507	732,170.93	485.85	.022	1664.02	10.91	
ANCILLARIES	454	0	1,332,550.50	.00	.000	2935.13	19.86	
INPATIENT CROSSOVERS	3	7	2,375.28	339.33	.000	791.76	.04	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	7,077	28,993	746,934.60	25.76	.432	105.54	11.13	
MEDICAL	958	1,398	40,650.48	29.08	.021	42.43	.61	
SURGERY	542	630	21,243.54	33.72	.009	39.19	.32	
PATHOLOGY	3,267	12,553	172,603.52	13.75	.187	52.83	2.57	
RADIOLOGY	1,839	2,438	157,726.46	64.70	.036	85.77	2.35	
ROOM USE	4,623	6,328	243,227.16	38.44	.094	52.61	3.62	
CROSSOVERS/ALL OTH OUTPTNT	2,476	5,646	111,483.44	19.75	.084	45.03	1.66	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0		.00		.00		.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00		.000		.00		.00
@NURSING FACILITY	0	0	\$	.00		.00		.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00		.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00		.00
LEV B-REGULAR	0	0		.00		.00		.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00		.00		.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00		.000		.00		.00
ICF DD	0	0		.00		.00		.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	5	270	\$	7,158.33		26.51		.004	\$	1431.67	\$	.11
HOSPITAL BASED	0	0		.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	5	270		7,158.33		26.51		.004		1431.67		.11
@REHABILITATION FACILITY	20	134	\$	2,738.79		20.44		.002	\$	136.94	\$	.04
HOSPITAL BASED	2	3		208.86		69.62		.000		104.43		.00
INDEPENDENT FACILITY	18	131		2,529.93		19.31		.002		140.55		.04
@LABORATORY FACILITY	864	2,509	\$	45,876.04		18.28		.037	\$	53.10	\$	.68
PATHOLOGY	864	2,509		45,876.04		18.28		.037		53.10		.68
XO AND OTHERS	0	0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,654	6,965	\$	663,876.35		95.32		.104	\$	181.68	\$	9.89
CLINIC	698	2,170		41,492.62		19.12		.032		59.45		.62
SURGICENTER	61	404		13,988.57		34.63		.006		229.32		.21
HEROIN DETOX CLINIC	2	14		175.95		12.57		.000		87.98		.00
RURAL HEALTH CLINIC	2,911	4,377		608,219.21		138.96		.065		208.94		9.06

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

PAGE 2,668 01/29/04

	67,112 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,139	15,071	\$	164,983.25	\$ 10.95	.225	\$ 77.13	\$ 2.46
DURABLE MED. EQUIP.	54	139		20,216.03	145.44	.002	374.37	.30
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	422	5,086		71,452.51	14.05	.076	169.32	1.06
AMBULANCES/AIR TRANS	419	5,020		56,429.62	11.24	.075	134.68	.84
OTHER TRANS	1	21		56.51	2.69	.000	56.51	.00
OTHER SERVICES	10	45		14,966.38	332.59	.001	1496.64	.22
ACUPUNCTURE	2	4		75.69	18.92	.000	37.85	.00
ADULT DAY HEALTH CARE CTR	1	5		347.90	69.58	.000	347.90	.01
GENETIC DISEASE TESTING	127	128		13,165.50	102.86	.002	103.67	.20
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	580	1,225		11,228.95	9.17	.018	19.36	.17
PHYSICAL THERAPIST	1	6		99.75	16.63	.000	99.75	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	23	30		1,829.91	61.00	.000	79.56	.03
PROSTHETICS	23	30		1,829.91	61.00	.000	79.56	.03
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	17		2,857.11	168.07	.000	476.19	.04
HOSPICE SERVICES	1	3		403.89	134.63	.000	403.89	.01
NONINST BIRTHING CENTERS	0	0		78.64	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	904	3,975		38,686.45	9.73	.059	42.79	.58
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	43	4,453		4,540.92		1.02	.066	105.60		.07
@CALIF. CHILDREN SERVICES*	163	3,824	\$	290,818.78	\$	76.05	.057	\$ 1784.16	\$	4.33
@XOVER EXCLUDING STATE HOSP**	137	669	\$	15,614.45	\$	23.34	.010	\$ 113.97	\$	.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,669
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

75,992 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	34,318	241,373	\$ 11,735,027.04	\$ 48.62	3.176	\$ 341.95	\$ 154.42
@PHYSICIANS SERVICES	12,688	29,890	\$ 1,410,622.35	\$ 47.19	.393	\$ 111.18	\$ 18.56
OUTPATIENT VISITS	8,655	11,374	481,625.33	42.34	.150	55.65	6.34
OFFICE VISITS	4,875	6,000	206,138.54	34.36	.079	42.28	2.71
HOME VISITS	1	1	80.10	80.10	.000	80.10	.00
EMERGENCY ROOM	3,371	3,892	203,857.87	52.38	.051	60.47	2.68
PREVENTIVE CARE	69	69	2,821.93	40.90	.001	40.90	.04
OB VISITS/COMPRE PERI	464	682	53,368.49	78.25	.009	115.02	.70
OTHER OUTPATIENT	599	730	15,358.40	21.04	.010	25.64	.20
INPATIENT VISITS	632	1,956	107,769.13	55.10	.026	170.52	1.42
HOSPITAL VISITS	606	1,640	71,448.41	43.57	.022	117.90	.94
CRITICAL CARE	41	308	36,003.62	116.89	.004	878.14	.47
SNF/ICF/TRANS IP CARE	8	8	317.10	39.64	.000	39.64	.00
OPHTHALMOLOGICAL SERVICES	86	105	4,577.61	43.60	.001	53.23	.06
EXAMINATIONS	74	88	4,116.61	46.78	.001	55.63	.05
SERVICES AND MATERIALS	17	17	461.00	27.12	.000	27.12	.01
INPATIENT HOSPITAL SURGERY	626	2,432	357,993.01	147.20	.032	571.87	4.71
PRINCIPAL SURGEON	456	597	307,088.59	514.39	.008	673.44	4.04
ASSISTANT SURGEON	66	68	12,586.96	185.10	.001	190.71	.17
ANESTHESIOLOGIST	178	1,767	38,317.46	21.69	.023	215.27	.50
OUTPATIENT SURGERY	984	2,455	158,704.45	64.65	.032	161.29	2.09
PRINCIPAL SURGEON	838	1,111	128,343.17	115.52	.015	153.15	1.69
ASSISTANT SURGEON	5	5	593.61	118.72	.000	118.72	.01
ANESTHESIOLOGIST	214	1,339	29,767.67	22.23	.018	139.10	.39
DIALYSIS	4	21	932.48	44.40	.000	233.12	.01
PATHOLOGY	1,426	2,007	39,868.74	19.86	.026	27.96	.52
RADIOLOGY	2,099	3,175	131,783.15	41.51	.042	62.78	1.73
PSYCHIATRY	1	6	87.54	14.59	.000	87.54	.00
IMMUNIZATION AND INJECTION	256	566	20,005.22	35.34	.007	78.15	.26
OTHER SERVICES/ALL X-OVERS	2,174	5,793	107,275.69	18.52	.076	49.34	1.41
@PHARMACY	18,471	74,682	\$ 3,520,052.36	\$ 47.13	.983	\$ 190.57	\$ 46.32
PRESCRIPTION DRUGS	18,316	48,742	3,458,230.41	70.95	.641	188.81	45.51
SNF/ICF	122	644	32,280.87	50.13	.008	264.60	.42
OUTPATIENTS	18,213	48,098	3,425,949.54	71.23	.633	188.10	45.08
MEDICAL SUPPLIES	651	25,940	61,821.95	2.38	.341	94.96	.81
@DENTIST	4,263	19,235	\$ 823,004.72	\$ 42.79	.253	\$ 193.06	\$ 10.83
VISITS - DIAGNOSTIC	2,797	10,880	169,303.52	15.56	.143	60.53	2.23
ORAL SURGERY	615	1,221	69,882.75	57.23	.016	113.63	.92
DRUGS	39	48	1,090.00	22.71	.001	27.95	.01
ANESTHESIA	12	12	1,025.00	85.42	.000	85.42	.01
PERIODONTICS	240	249	25,992.00	104.39	.003	108.30	.34
ENDODONTICS	412	686	130,183.00	189.77	.009	315.98	1.71
RESTORATIVE DENTISTRY	1,687	5,306	360,761.40	67.99	.070	213.85	4.75
PROSTHETICS	14	15	380.00	25.33	.000	27.14	.01
DENTURES, STAYPLATES	147	555	49,833.67	89.79	.007	339.00	.66
SPACE MAINTAINERS	32	36	3,520.00	97.78	.000	110.00	.05
MAXILLOFACIAL SERVICES	8	8	1,550.00	193.75	.000	193.75	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	67	94	8,658.38	92.11	.001	129.23	.11
ALL OTHER SERVICES	98	125	825.00	6.60	.002	8.42	.01

#CALIF DEPT OF HEALTH SERV MOP024
EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

PAGE 2,670
01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
75,992 ELIGIBLES							
@OPTOMETRIST	929	2,786	\$ 60,742.81	\$ 21.80	.037	\$ 65.39	\$.80
DIAGNOSTIC AND ANC. PROCED	600	605	27,945.87	46.19	.008	46.58	.37
EYE APPLIANCES	744	2,110	31,311.63	14.84	.028	42.09	.41
OTHER OPTOMETRIC SERVICES	50	71	1,485.31	20.92	.001	29.71	.02
@CHIROPRACTOR	29	75	\$ 1,249.82	\$ 16.66	.001	\$ 43.10	\$.02
VISITS	29	75	1,249.82	16.66	.001	43.10	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	67	81	\$ 1,552.11	\$ 19.16	.001	\$ 23.17	\$.02

MEDICINE/INJECTIONS	17	21		761.45		36.26	.000	44.79	.01
SURGERY/ANES.	2	3		110.99		37.00	.000	55.50	.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000	17.30	.00
OTHER	50	56		662.37		11.83	.001	13.25	.01
@HOME HEALTH AGENCY	106	6,785	\$	205,746.05	\$	30.32	.089	\$ 1941.00	\$ 2.71
NURSE ANESTHESIST	7	42	\$	400.37	\$	9.53	.001	\$ 57.20	\$.01
NURSE MIDWIFE	2	2	\$	62.34	\$	31.17	.000	\$ 31.17	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	9	\$	321.45	\$	35.72	.000	\$ 80.36	\$.00
@TOTAL HOSPITAL	8,584	38,430	\$	4,300,479.19	\$	111.90	.506	\$ 500.99	\$ 56.59
HOSP INPATIENT TOTAL	696	2,746		3,425,303.29		1247.38	.036	4921.41	45.07
HSC HOSPITALS	122	766		994,621.37		1298.46	.010	8152.63	13.09
NON-HSC HOSPITAL TOTAL	481	1,635		2,352,178.37		1438.64	.022	4890.18	30.95
ACCOMMODATIONS	467	1,635		812,041.10		496.66	.022	1738.85	10.69
ADMINISTRATIVE DAYS	2	24		5,088.60		212.03	.000	2544.30	.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	465	1,611		806,952.50		500.90	.021	1735.38	10.62
ANCILLARIES	481	0		1,540,137.27		.00	.000	3201.95	20.27
INPATIENT CROSSOVERS	101	345		78,503.55		227.55	.005	777.26	1.03
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8,260	35,684		875,175.90		24.53	.470	105.95	11.52
MEDICAL	1,040	1,556		46,021.32		29.58	.020	44.25	.61
SURGERY	571	664		23,104.33		34.80	.009	40.46	.30
PATHOLOGY	3,488	14,152		191,224.62		13.51	.186	54.82	2.52
RADIOLOGY	1,963	2,625		172,234.37		65.61	.035	87.74	2.27
ROOM USE	4,792	6,604		253,694.07		38.42	.087	52.94	3.34
CROSSOVERS/ALL OTH OUTPTNT	3,395	10,083		188,897.19		18.73	.133	55.64	2.49
@COUNTY HOSPITAL TOTAL	24	131	\$	58,310.76	\$	445.12	.002	\$ 2429.62	\$.77
CO HOSPITAL INPATIENT TOTAL	5	49		54,490.05		1112.04	.001	10898.01	.72
HSC HOSPITALS	5	49		54,490.05		1112.04	.001	10898.01	.72
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	82		3,820.71		46.59	.001	191.04	.05
MEDICAL	5	7		327.71		46.82	.000	65.54	.00
SURGERY	5	6		622.16		103.69	.000	124.43	.01
PATHOLOGY	7	26		416.99		16.04	.000	59.57	.01
RADIOLOGY	3	4		679.72		169.93	.000	226.57	.01
ROOM USE	13	18		861.92		47.88	.000	66.30	.01
CROSSOVERS/ALL OTH OUTPTNT	8	21		912.21		43.44	.000	114.03	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,671
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL								

				----- MONTHLY AVERAGE -----				
75,992 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	8,564	38,299	\$ 4,242,168.43	\$ 110.76	.504	\$ 495.35	\$ 55.82	
COMM HOSP INPATIENT TOTAL	691	2,697	3,370,813.24	1249.84	.035	4878.17	44.36	
HSC HOSPITALS	117	717	940,131.32	1311.20	.009	8035.31	12.37	
NON-HSC HOSPITALS TOTAL	481	1,635	2,352,178.37	1438.64	.022	4890.18	30.95	
ACCOMMODATIONS	467	1,635	812,041.10	496.66	.022	1738.85	10.69	
ADMINISTRATIVE DAYS	2	24	5,088.60	212.03	.000	2544.30	.07	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	465	1,611	806,952.50	500.90	.021	1735.38	10.62	
ANCILLARIES	481	0	1,540,137.27	.00	.000	3201.95	20.27	

INPATIENT CROSSOVERS	101	345		78,503.55	227.55	.005	777.26	1.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,244	35,602		871,355.19	24.47	.468	105.70	11.47
MEDICAL	1,035	1,549		45,693.61	29.50	.020	44.15	.60
SURGERY	566	658		22,482.17	34.17	.009	39.72	.30
PATHOLOGY	3,482	14,126		190,807.63	13.51	.186	54.80	2.51
RADIOLOGY	1,960	2,621		171,554.65	65.45	.034	87.53	2.26
ROOM USE	4,782	6,586		252,832.15	38.39	.087	52.87	3.33
CROSSOVERS/ALL OTH OUTPTNT	3,388	10,062		187,984.98	18.68	.132	55.49	2.47
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	91	2,180	\$	284,045.06	\$ 130.30	.029	\$ 3121.37	\$ 3.74
LEV A-INTERMEDIATE	2	66		4,484.04	67.94	.001	2242.02	.06
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	89	2,114		279,561.02	132.24	.028	3141.14	3.68
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	34	314	\$	35,042.54	\$ 111.60	.004	\$ 1030.66	\$.46
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	34	314		35,042.54	111.60	.004	1030.66	.46
@REHABILITATION FACILITY	40	428	\$	7,949.76	\$ 18.57	.006	\$ 198.74	\$.10
HOSPITAL BASED	2	3		208.86	69.62	.000	104.43	.00
INDEPENDENT FACILITY	38	425		7,740.90	18.21	.006	203.71	.10
@LABORATORY FACILITY	919	2,857	\$	50,463.62	\$ 17.66	.038	\$ 54.91	\$.66
PATHOLOGY	916	2,847		50,410.44	17.71	.037	55.03	.66
XO AND OTHERS	3	10		53.18	5.32	.000	17.73	.00
@ORGANIZED OUTPATIENT CLINIC	3,962	7,530	\$	710,919.57	\$ 94.41	.099	\$ 179.43	\$ 9.36
CLINIC	706	2,181		41,810.95	19.17	.029	59.22	.55
SURGICENTER	93	472		20,688.44	43.83	.006	222.46	.27
HEROIN DETOX CLINIC	2	14		175.95	12.57	.000	87.98	.00
RURAL HEALTH CLINIC	3,180	4,863		648,244.23	133.30	.064	203.85	8.53

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

75,992 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,988	56,047	\$ 322,372.92	\$ 5.75	.738	\$ 107.89	\$ 4.24
DURABLE MED. EQUIP.	88	222	43,955.76	198.00	.003	499.50	.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	6	885.24	147.54	.000	147.54	.01
MEDICAL TRANSPORTATION	509	6,169	83,974.90	13.61	.081	164.98	1.11
AMBULANCES/AIR TRANS	472	5,649	63,602.93	11.26	.074	134.75	.84
OTHER TRANS	16	177	625.15	3.53	.002	39.07	.01
OTHER SERVICES	31	343	19,746.82	57.57	.005	636.99	.26
ACUPUNCTURE	2	4	75.69	18.92	.000	37.85	.00
ADULT DAY HEALTH CARE CTR	1	5	347.90	69.58	.000	347.90	.00
GENETIC DISEASE TESTING	127	128	13,165.50	102.86	.002	103.67	.17
IHMC,MODEL-NF,NF,AIDS,MSSP	73	449	35,789.49	79.71	.006	490.27	.47
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	750	1,594	15,624.62	9.80	.021	20.83	.21
PHYSICAL THERAPIST	1	6	99.75	16.63	.000	99.75	.00
PORTABLE X-RAY	7	12	185.62	15.47	.000	26.52	.00
PROSTHETIST/ORTHOTISTS	35	56	3,499.51	62.49	.001	99.99	.05

PROSTHETICS	35	56	3,499.51	62.49	.001	99.99	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	3	83.60	27.87	.000	27.87	.00
SPEECH AND AUDIOLOGY	18	43	9,068.92	210.91	.001	503.83	.12
HOSPICE SERVICES	9	124	13,618.44	109.83	.002	1513.16	.18
NONINST BIRTHING CENTERS	0	0	78.64	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,013	10,445	69,224.06	6.63	.137	68.34	.91
EPSDT SUPPLEMENTAL SERVICE	1	4	117.64	29.41	.000	117.64	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	410	36,777	32,577.64	.89	.484	79.46	.43
@CALIF. CHILDREN SERVICES*	217	6,724	\$ 329,112.99	\$ 48.95	.088	\$ 1516.65	\$ 4.33
@XOVER EXCLUDING STATE HOSP**	2,068	11,148	\$ 260,828.76	\$ 23.40	.147	\$ 126.13	\$ 3.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,673
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED	AID CODE 17 1Y

149 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	191	1,561	\$ 93,044.06	\$ 59.61	10.477	\$ 487.14	\$ 624.46
@PHYSICIANS SERVICES	46	168	\$ 6,627.10	\$ 39.45	1.128	\$ 144.07	\$ 44.48
OUTPATIENT VISITS	2	3	197.28	65.76	.020	98.64	1.32
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	197.28	65.76	.020	98.64	1.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	24	1,358.78	56.62	.161	339.70	9.12
HOSPITAL VISITS	4	19	750.78	39.51	.128	187.70	5.04
CRITICAL CARE	1	5	608.00	121.60	.034	608.00	4.08
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	18	2,573.70	142.98	.121	857.90	17.27
PRINCIPAL SURGEON	3	5	2,303.03	460.61	.034	767.68	15.46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	270.67	20.82	.087	270.67	1.82
OUTPATIENT SURGERY	1	5	120.63	24.13	.034	120.63	.81
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	120.63	24.13	.034	120.63	.81
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	452.53	45.25	.067	150.84	3.04
RADIOLOGY	4	8	282.74	35.34	.054	70.69	1.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	41	100	1,641.44	16.41	.671	40.04	11.02
@PHARMACY	93	308	\$ 24,568.53	\$ 79.77	2.067	\$ 264.18	\$ 164.89
PRESCRIPTION DRUGS	89	290	24,260.23	83.66	1.946	272.59	162.82
SNF/ICF	9	32	1,124.63	35.14	.215	124.96	7.55
OUTPATIENTS	80	258	23,135.60	89.67	1.732	289.20	155.27
MEDICAL SUPPLIES	12	18	308.30	17.13	.121	25.69	2.07
@DENTIST	11	61	\$ 2,293.00	\$ 37.59	.409	\$ 208.45	\$ 15.39
VISITS - DIAGNOSTIC	6	29	146.00	5.03	.195	24.33	.98
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	4	753.00	188.25	.027	753.00	5.05
RESTORATIVE DENTISTRY	4	26	1,352.00	52.00	.174	338.00	9.07
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	42.00	21.00	.013	42.00	.28
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,674
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED						
				AID CODE 17 1Y			
					----- MONTHLY AVERAGE -----		
149 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	6 \$	43.08	\$ 7.18	.040	\$ 43.08	\$.29
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	6	43.08	7.18	.040	43.08	.29
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2 \$	6.59	\$ 3.30	.013	\$ 3.30	\$.04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	6.59	3.30	.013	3.30	.04
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	50	290 \$	16,100.71	\$ 55.52	1.946	\$ 322.01	\$ 108.06
HOSP INPATIENT TOTAL	20	93	10,609.17	114.08	.624	530.46	71.20
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	93	10,609.17	114.08	.624	530.46	71.20
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	30	197	5,491.54	27.88	1.322	183.05	36.86
MEDICAL	1	1	12.25	12.25	.007	12.25	.08
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	7	54.69	7.81	.047	18.23	.37
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	24.12	24.12	.007	24.12	.16
CROSSOVERS/ALL OTH OUTPTNT	28	188	5,400.48	28.73	1.262	192.87	36.24
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES
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SUMMARY OF SERVICES FOR MN - SOC - AGED

MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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149 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST
MONTHLY AVERAGE

UNITS/DAYS
COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	50	290	\$	16,100.71	\$ 55.52	1.946	\$ 322.01	\$ 108.06
COMM HOSP INPATIENT TOTAL	20	93		10,609.17	114.08	.624	530.46	71.20
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	93		10,609.17	114.08	.624	530.46	71.20
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	30	197		5,491.54	27.88	1.322	183.05	36.86
MEDICAL	1	1		12.25	12.25	.007	12.25	.08
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	7		54.69	7.81	.047	18.23	.37
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		24.12	24.12	.007	24.12	.16
CROSSOVERS/ALL OTH OUTPTNT	28	188		5,400.48	28.73	1.262	192.87	36.24
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	14	288	\$	37,867.69	\$ 131.49	1.933	\$ 2704.84	\$ 254.15
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	14	288		37,867.69	131.49	1.933	2704.84	254.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	3	\$	588.65	\$ 196.22	.020	\$ 196.22	\$ 3.95
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	3		588.65	196.22	.020	196.22	3.95
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	14	\$	30.85	\$ 2.20	.094	\$ 30.85	\$.21
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	1	14		30.85	2.20	.094	30.85	.21
@ORGANIZED OUTPATIENT CLINIC	3	4	\$	647.30	\$ 161.83	.027	\$ 215.77	\$ 4.34
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	3		609.54	203.18	.020	304.77	4.09
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		37.76	37.76	.007	37.76	.25

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - AGED

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149 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	417	\$ 4,270.56	\$ 10.24	2.799	\$ 284.70	\$ 28.66
DURABLE MED. EQUIP.	1	54	1,392.19	25.78	.362	1392.19	9.34
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	137	847.12	6.18	.919	94.12	5.69
AMBULANCES/AIR TRANS	2	2	110.71	55.36	.013	55.36	.74
OTHER TRANS	2	4	41.29	10.32	.027	20.65	.28

OTHER SERVICES	7	131		695.12	5.31	.879	99.30	4.67
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	4		33.28	8.32	.027	33.28	.22
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2		6.18	3.09	.013	3.09	.04
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	1	16		1,740.04	108.75	.107	1740.04	11.68
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	204		251.75	1.23	1.369	83.92	1.69
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	92	441	\$	28,757.54	\$	65.21	\$	193.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,677
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND	AID CODE 27	

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16	154	\$ 52,219.96	\$ 339.09	22.000	\$ 3263.75	\$ 7459.99
@PHYSICIANS SERVICES	10	70	\$ 2,531.55	\$ 36.17	10.000	\$ 253.16	\$ 361.65
OUTPATIENT VISITS	1	2	105.40	52.70	.286	105.40	15.06
OFFICE VISITS	1	2	105.40	52.70	.286	105.40	15.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	16	1,373.50	85.84	2.286	686.75	196.21
HOSPITAL VISITS	2	8	400.70	50.09	1.143	200.35	57.24
CRITICAL CARE	2	8	972.80	121.60	1.143	486.40	138.97
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	17	750.05	44.12	2.429	375.03	107.15
PRINCIPAL SURGEON	1	1	548.03	548.03	.143	548.03	78.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	16	202.02	12.63	2.286	202.02	28.86
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	10	151.78	15.18	1.429	75.89	21.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	25		150.82		6.03	3.571	21.55	21.55
@PHARMACY	3	7	\$	725.74	\$	103.68	1.000	\$ 241.91	\$ 103.68
PRESCRIPTION DRUGS	3	7		725.74		103.68	1.000	241.91	103.68
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	3	7		725.74		103.68	1.000	241.91	103.68
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	9	75	\$ 48,906.27	\$ 652.08	10.714	\$ 5434.03	\$ 6986.61
HOSP INPATIENT TOTAL	3	41	48,567.26	1184.57	5.857	16189.09	6938.18
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	35	46,887.26	1339.64	5.000	46887.26	6698.18
ACCOMMODATIONS	1	35	15,985.64	456.73	5.000	15985.64	2283.66
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	3.000	4857.30	693.90
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	14	11,128.34	794.88	2.000	11128.34	1589.76
ANCILLARIES	1	0	30,901.62	.00	.000	30901.62	4414.52
INPATIENT CROSSOVERS	2	6	1,680.00	280.00	.857	840.00	240.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	34	339.01	9.97	4.857	56.50	48.43
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	24	174.90	7.29	3.429	174.90	24.99

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.23	33.23	.143	33.23	4.75
CROSSOVERS/ALL OTH OUTPTNT	5	9	130.88	14.54	1.286	26.18	18.70
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,679
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07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	75	\$ 48,906.27	\$ 652.08	10.714	\$ 5434.03	\$ 6986.61
COMM HOSP INPATIENT TOTAL	3	41	48,567.26	1184.57	5.857	16189.09	6938.18
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	35	46,887.26	1339.64	5.000	46887.26	6698.18
ACCOMMODATIONS	1	35	15,985.64	456.73	5.000	15985.64	2283.66
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	3.000	4857.30	693.90
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	14	11,128.34	794.88	2.000	11128.34	1589.76
ANCILLARIES	1	0	30,901.62	.00	.000	30901.62	4414.52
INPATIENT CROSSOVERS	2	6	1,680.00	280.00	.857	840.00	240.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	34	339.01	9.97	4.857	56.50	48.43
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	24	174.90	7.29	3.429	174.90	24.99
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.23	33.23	.143	33.23	4.75
CROSSOVERS/ALL OTH OUTPTNT	5	9	130.88	14.54	1.286	26.18	18.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV											
MOP024											
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
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 SUMMARY OF SERVICES FOR MN - SOC - BLIND

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07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 56.40	\$ 28.20	.286 \$ 56.40 \$ 8.06
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	1	2	56.40	28.20	.286 56.40 8.06
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00
PROSTHETICS	0	0	.00	.00	.000 .00 .00
ORTHOTICS	0	0	.00	.00	.000 .00 .00
PSYCHOLOGIST	0	0	.00	.00	.000 .00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000 .00 .00
HOSPICE SERVICES	0	0	.00	.00	.000 .00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000 .00 .00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000 .00 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000 .00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000 .00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000 .00 .00
ALL OTHER PROVIDERS	0	0	.00	.00	.000 .00 .00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	8	30	\$ 1,923.79	\$ 64.13	4.286 \$ 240.47 \$ 274.83

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,681
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	358	2,658	\$ 456,846.52	\$ 171.88	10.761 \$ 1276.11 \$ 1849.58
@PHYSICIANS SERVICES	92	262	\$ 8,748.22	\$ 33.39	1.061 \$ 95.09 \$ 35.42
OUTPATIENT VISITS	31	34	1,409.59	41.46	.138 45.47 5.71
OFFICE VISITS	19	20	560.75	28.04	.081 29.51 2.27
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	7	7	677.10	96.73	.028 96.73 2.74
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	6	7	171.74	24.53	.028 28.62 .70
INPATIENT VISITS	12	30	1,583.40	52.78	.121 131.95 6.41
HOSPITAL VISITS	12	27	1,340.20	49.64	.109 111.68 5.43
CRITICAL CARE	2	3	243.20	81.07	.012 121.60 .98
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	2	3	130.03	43.34	.012 65.02 .53
EXAMINATIONS	2	3	130.03	43.34	.012 65.02 .53
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	2	6	332.14	55.36	.024 166.07 1.34
PRINCIPAL SURGEON	1	1	224.12	224.12	.004 224.12 .91

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	108.02	21.60	.020	108.02	.44
OUTPATIENT SURGERY	1	1	421.82	421.82	.004	421.82	1.71
PRINCIPAL SURGEON	1	1	421.82	421.82	.004	421.82	1.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	19	656.46	34.55	.077	131.29	2.66
RADIOLOGY	11	16	854.50	53.41	.065	77.68	3.46
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	54	153	3,360.28	21.96	.619	62.23	13.60
@PHARMACY	217	1,099	\$ 262,615.46	\$ 238.96	4.449	\$ 1210.21	\$ 1063.22
PRESCRIPTION DRUGS	213	1,045	259,383.80	248.21	4.231	1217.76	1050.14
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	213	1,045	259,383.80	248.21	4.231	1217.76	1050.14
MEDICAL SUPPLIES	21	54	3,231.66	59.85	.219	153.89	13.08
@DENTIST	39	226	\$ 11,594.08	\$ 51.30	.915	\$ 297.28	\$ 46.94
VISITS - DIAGNOSTIC	18	113	513.00	4.54	.457	28.50	2.08
ORAL SURGERY	2	10	394.00	39.40	.040	197.00	1.60
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	5	398.00	79.60	.020	132.67	1.61
ENDODONTICS	7	13	2,917.08	224.39	.053	416.73	11.81
RESTORATIVE DENTISTRY	18	73	6,332.00	86.74	.296	351.78	25.64
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	10	1,040.00	104.00	.040	208.00	4.21
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00	.008	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

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247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	13	40	\$ 619.63	\$ 15.49	.162	\$ 47.66	\$ 2.51
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.004	47.45	.19
EYE APPLIANCES	12	37	565.73	15.29	.150	47.14	2.29
OTHER OPTOMETRIC SERVICES	1	2	6.45	3.23	.008	6.45	.03
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	25	\$ 1,806.82	\$ 72.27	.101	\$ 602.27	\$ 7.32
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	96	473	\$ 146,487.36	\$ 309.70	1.915	\$ 1525.91	\$ 593.07
HOSP INPATIENT TOTAL	20	78	138,212.77	1771.96	.316	6910.64	559.57
HSC HOSPITALS	1	2	2,139.00	1069.50	.008	2139.00	8.66
NON-HSC HOSPITAL TOTAL	11	61	131,231.51	2151.34	.247	11930.14	531.30
ACCOMMODATIONS	11	61	33,587.14	550.61	.247	3053.38	135.98

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	11	61	33,587.14	550.61	.247	3053.38	135.98	
ANCILLARIES	11	0	97,644.37	.00	.000	8876.76	395.32	
INPATIENT CROSSOVERS	8	15	4,842.26	322.82	.061	605.28	19.60	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	80	395	8,274.59	20.95	1.599	103.43	33.50	
MEDICAL	7	9	295.94	32.88	.036	42.28	1.20	
SURGERY	2	2	89.34	44.67	.008	44.67	.36	
PATHOLOGY	22	94	1,128.56	12.01	.381	51.30	4.57	
RADIOLOGY	9	10	1,606.49	160.65	.040	178.50	6.50	
ROOM USE	21	31	1,029.34	33.20	.126	49.02	4.17	
CROSSOVERS/ALL OTH OUTPTNT	51	249	4,124.92	16.57	1.008	80.88	16.70	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,683
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED							AID CODES 65 67 6W 6Y
----- MONTHLY AVERAGE -----								
247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	96	473	\$ 146,487.36	\$ 309.70	1.915	\$ 1525.91	\$ 593.07	
COMM HOSP INPATIENT TOTAL	20	78	138,212.77	1771.96	.316	6910.64	559.57	
HSC HOSPITALS	1	2	2,139.00	1069.50	.008	2139.00	8.66	
NON-HSC HOSPITALS TOTAL	11	61	131,231.51	2151.34	.247	11930.14	531.30	
ACCOMMODATIONS	11	61	33,587.14	550.61	.247	3053.38	135.98	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	11	61	33,587.14	550.61	.247	3053.38	135.98	
ANCILLARIES	11	0	97,644.37	.00	.000	8876.76	395.32	
INPATIENT CROSSOVERS	8	15	4,842.26	322.82	.061	605.28	19.60	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	80	395	8,274.59	20.95	1.599	103.43	33.50	
MEDICAL	7	9	295.94	32.88	.036	42.28	1.20	
SURGERY	2	2	89.34	44.67	.008	44.67	.36	
PATHOLOGY	22	94	1,128.56	12.01	.381	51.30	4.57	
RADIOLOGY	9	10	1,606.49	160.65	.040	178.50	6.50	
ROOM USE	21	31	1,029.34	33.20	.126	49.02	4.17	
CROSSOVERS/ALL OTH OUTPTNT	51	249	4,124.92	16.57	1.008	80.88	16.70	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	1	31	\$ 3,107.51	\$ 100.24	.126	\$ 3107.51	\$ 12.58	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1	31		3,107.51		100.24	.126	3107.51	12.58
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	11	\$	4,478.85	\$	407.17	.045	559.86	18.13
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	8	11		4,478.85		407.17	.045	559.86	18.13
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	13	\$	120.39	\$	9.26	.053	120.39	.49
PATHOLOGY	1	13		120.39		9.26	.053	120.39	.49
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	15	\$	1,174.64	\$	78.31	.061	117.46	4.76
CLINIC	1	1		46.43		46.43	.004	46.43	.19
SURGICENTER	1	2		91.86		45.93	.008	91.86	.37
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	8	12		1,036.35		86.36	.049	129.54	4.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y								

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247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	36	463	\$ 16,093.56	\$ 34.76	1.874	\$ 447.04	\$ 65.16
DURABLE MED. EQUIP.	2	3	367.02	122.34	.012	183.51	1.49
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	140	652.33	4.66	.567	93.19	2.64
AMBULANCES/AIR TRANS	4	34	477.31	14.04	.138	119.33	1.93
OTHER TRANS	1	21	56.51	2.69	.085	56.51	.23
OTHER SERVICES	3	85	118.51	1.39	.344	39.50	.48
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	8	29	4,695.05	161.90	.117	586.88	19.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	18	196.96	10.94	.073	21.88	.80
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	255	9,673.06	37.93	1.032	4836.53	39.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	18	509.14	28.29	.073	63.64	2.06
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	90	494	\$ 15,486.38	\$ 31.35	2.000	\$ 172.07	\$ 62.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,685
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						----- MONTHLY AVERAGE -----		
342 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	390	2,402	\$ 242,234.17	\$ 100.85	7.023	\$ 621.11	\$ 708.29	
@PHYSICIANS SERVICES	186	601	\$ 31,469.96	\$ 52.36	1.757	\$ 169.19	\$ 92.02	
OUTPATIENT VISITS	102	131	6,422.47	49.03	.383	62.97	18.78	
OFFICE VISITS	42	53	1,634.64	30.84	.155	38.92	4.78	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	63	75	4,730.23	63.07	.219	75.08	13.83	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	

OTHER OUTPATIENT	3	3		57.60	19.20	.009	19.20	.17
INPATIENT VISITS	12	60		3,043.32	50.72	.175	253.61	8.90
HOSPITAL VISITS	11	54		2,406.82	44.57	.158	218.80	7.04
CRITICAL CARE	4	6		636.50	106.08	.018	159.13	1.86
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	4		199.84	49.96	.012	66.61	.58
EXAMINATIONS	3	4		199.84	49.96	.012	66.61	.58
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	66		4,117.73	62.39	.193	316.75	12.04
PRINCIPAL SURGEON	8	9		3,316.42	368.49	.026	414.55	9.70
ASSISTANT SURGEON	1	1		167.72	167.72	.003	167.72	.49
ANESTHESIOLOGIST	5	56		633.59	11.31	.164	126.72	1.85
OUTPATIENT SURGERY	36	153		8,161.82	53.35	.447	226.72	23.86
PRINCIPAL SURGEON	25	31		6,100.51	196.79	.091	244.02	17.84
ASSISTANT SURGEON	1	1		61.06	61.06	.003	61.06	.18
ANESTHESIOLOGIST	13	121		2,000.25	16.53	.354	153.87	5.85
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	17	40		1,804.94	45.12	.117	106.17	5.28
RADIOLOGY	47	92		3,844.23	41.79	.269	81.79	11.24
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	5		30.35	6.07	.015	7.59	.09
OTHER SERVICES/ALL X-OVERS	32	50		3,845.26	76.91	.146	120.16	11.24
@PHARMACY	106	268	\$	16,014.20	\$ 59.75	.784	\$ 151.08	\$ 46.83
PRESCRIPTION DRUGS	105	264		15,700.59	59.47	.772	149.53	45.91
SNF/ICF	1	1		8.52	8.52	.003	8.52	.02
OUTPATIENTS	104	263		15,692.07	59.67	.769	150.89	45.88
MEDICAL SUPPLIES	3	4		313.61	78.40	.012	104.54	.92
@DENTIST	30	162	\$	4,874.68	\$ 30.09	.474	\$ 162.49	\$ 14.25
VISITS - DIAGNOSTIC	17	82		594.00	7.24	.240	34.94	1.74
ORAL SURGERY	8	16		497.00	31.06	.047	62.13	1.45
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		200.00	200.00	.003	200.00	.58
ENDODONTICS	5	10		590.00	59.00	.029	118.00	1.73
RESTORATIVE DENTISTRY	13	38		2,684.33	70.64	.111	206.49	7.85
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	12		309.35	25.78	.035	309.35	.90
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2		.00	.00	.006	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 2,686 01/29/04

342 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	33	\$ 670.12	\$ 20.31	.096	\$ 74.46	\$ 1.96
DIAGNOSTIC AND ANC. PROCED	7	7	284.70	40.67	.020	40.67	.83
EYE APPLIANCES	7	26	385.42	14.82	.076	55.06	1.13
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	161	993	\$	177,949.08	\$	179.20	2.904	\$	1105.27	\$	520.32
HOSP INPATIENT TOTAL	28	95		160,146.01		1685.75	.278		5719.50		468.26
HSC HOSPITALS	4	19		20,102.00		1058.00	.056		5025.50		58.78
NON-HSC HOSPITAL TOTAL	23	73		139,204.01		1906.90	.213		6052.35		407.03
ACCOMMODATIONS	23	73		35,628.56		488.06	.213		1549.07		104.18
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	73		35,628.56		488.06	.213		1549.07		104.18
ANCILLARIES	23	0		103,575.45		.00	.000		4503.28		302.85
INPATIENT CROSSOVERS	1	3		840.00		280.00	.009		840.00		2.46
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	139	898		17,803.07		19.83	2.626		128.08		52.06
MEDICAL	31	39		618.93		15.87	.114		19.97		1.81
SURGERY	23	24		1,533.17		63.88	.070		66.66		4.48
PATHOLOGY	69	353		3,053.85		8.65	1.032		44.26		8.93
RADIOLOGY	58	92		4,553.38		49.49	.269		78.51		13.31
ROOM USE	94	136		5,001.96		36.78	.398		53.21		14.63
CROSSOVERS/ALL OTH OUTPTNT	73	254		3,041.78		11.98	.743		41.67		8.89
@COUNTY HOSPITAL TOTAL	1	1	\$	33.11	\$	33.11	.003	\$	33.11	\$	.10
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		33.11		33.11	.003		33.11		.10
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		33.11		33.11	.003		33.11		.10
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	342 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	160	992	\$	177,915.97	\$ 179.35	2.901	\$ 1111.97	\$ 520.22
COMM HOSP INPATIENT TOTAL	28	95		160,146.01	1685.75	.278	5719.50	468.26
HSC HOSPITALS	4	19		20,102.00	1058.00	.056	5025.50	58.78
NON-HSC HOSPITALS TOTAL	23	73		139,204.01	1906.90	.213	6052.35	407.03
ACCOMMODATIONS	23	73		35,628.56	488.06	.213	1549.07	104.18
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	73		35,628.56	488.06	.213	1549.07	104.18
ANCILLARIES	23	0		103,575.45	.00	.000	4503.28	302.85
INPATIENT CROSSOVERS	1	3		840.00	280.00	.009	840.00	2.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	138	897		17,769.96	19.81	2.623	128.77	51.96
MEDICAL	31	39		618.93	15.87	.114	19.97	1.81

SURGERY	23	24	1,533.17	63.88	.070	66.66	4.48
PATHOLOGY	69	353	3,053.85	8.65	1.032	44.26	8.93
RADIOLOGY	58	92	4,553.38	49.49	.269	78.51	13.31
ROOM USE	93	135	4,968.85	36.81	.395	53.43	14.53
CROSSEOVERS/ALL OTH OUTPTNT	73	254	3,041.78	11.98	.743	41.67	8.89
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	7	\$ 148.85	\$ 21.26	.020	\$ 148.85	\$.44
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	7	148.85	21.26	.020	148.85	.44
@LABORATORY FACILITY	6	25	\$ 321.08	\$ 12.84	.073	\$ 53.51	\$.94
PATHOLOGY	6	25	321.08	12.84	.073	53.51	.94
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	26	48	\$ 6,043.73	\$ 125.91	.140	\$ 232.45	\$ 17.67
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	5	174.83	34.97	.015	174.83	.51
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	43	5,868.90	136.49	.126	234.76	17.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,688
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37						

342 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28	265	\$ 4,742.47	\$ 17.90	.775	\$ 169.37	\$ 13.87
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	241	4,550.78	18.88	.705	239.51	13.31
AMBULANCES/AIR TRANS	18	240	2,750.78	11.46	.702	152.82	8.04
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.003	1800.00	5.26
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	16	133.12	8.32	.047	22.19	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	8	58.57	7.32	.023	19.52	.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	9	\$ 279.43	\$ 31.05	.026	\$ 139.72	\$.82
@XOVER EXCLUDING STATE HOSP**	1	11	\$ 945.79	\$ 85.98	.032	\$ 945.79	\$ 2.77

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,689
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

745 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	955	6,775	\$ 844,344.71	\$ 124.63	9.094	\$ 884.13	\$ 1133.35
@PHYSICIANS SERVICES	334	1,101	\$ 49,376.83	\$ 44.85	1.478	\$ 147.83	\$ 66.28
OUTPATIENT VISITS	136	170	8,134.74	47.85	.228	59.81	10.92
OFFICE VISITS	62	75	2,300.79	30.68	.101	37.11	3.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	72	85	5,604.61	65.94	.114	77.84	7.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	10	229.34	22.93	.013	25.48	.31
INPATIENT VISITS	30	130	7,359.00	56.61	.174	245.30	9.88
HOSPITAL VISITS	29	108	4,898.50	45.36	.145	168.91	6.58
CRITICAL CARE	9	22	2,460.50	111.84	.030	273.39	3.30
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	7	329.87	47.12	.009	65.97	.44
EXAMINATIONS	5	7	329.87	47.12	.009	65.97	.44
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	107	7,773.62	72.65	.144	388.68	10.43
PRINCIPAL SURGEON	13	16	6,391.60	399.48	.021	491.66	8.58
ASSISTANT SURGEON	1	1	167.72	167.72	.001	167.72	.23
ANESTHESIOLOGIST	8	90	1,214.30	13.49	.121	151.79	1.63
OUTPATIENT SURGERY	38	159	8,704.27	54.74	.213	229.06	11.68
PRINCIPAL SURGEON	26	32	6,522.33	203.82	.043	250.86	8.75
ASSISTANT SURGEON	1	1	61.06	61.06	.001	61.06	.08
ANESTHESIOLOGIST	14	126	2,120.88	16.83	.169	151.49	2.85
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	25	69	2,913.93	42.23	.093	116.56	3.91
RADIOLOGY	64	126	5,133.25	40.74	.169	80.21	6.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	5	30.35	6.07	.007	7.59	.04
OTHER SERVICES/ALL X-OVERS	134	328	8,997.80	27.43	.440	67.15	12.08
@PHARMACY	419	1,682	\$ 303,923.93	\$ 180.69	2.258	\$ 725.36	\$ 407.95
PRESCRIPTION DRUGS	410	1,606	300,070.36	186.84	2.156	731.88	402.78
SNF/ICF	10	33	1,133.15	34.34	.044	113.32	1.52
OUTPATIENTS	400	1,573	298,937.21	190.04	2.111	747.34	401.26
MEDICAL SUPPLIES	36	76	3,853.57	50.70	.102	107.04	5.17
@DENTIST	80	449	\$ 18,761.76	\$ 41.79	.603	\$ 234.52	\$ 25.18
VISITS - DIAGNOSTIC	41	224	1,253.00	5.59	.301	30.56	1.68
ORAL SURGERY	10	26	891.00	34.27	.035	89.10	1.20
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	6	598.00	99.67	.008	149.50	.80
ENDODONTICS	13	27	4,260.08	157.78	.036	327.70	5.72

RESTORATIVE DENTISTRY	35	137	10,368.33	75.68	.184	296.24	13.92
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	24	1,391.35	57.97	.032	198.76	1.87
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2	.00	.00	.003	.00	.00
ALL OTHER SERVICES	4	3	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,690
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL						
----- MONTHLY AVERAGE -----							
745 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	23	79 \$	1,332.83	\$ 16.87	.106	\$ 57.95	\$ 1.79
DIAGNOSTIC AND ANC. PROCED	8	8	332.15	41.52	.011	41.52	.45

EYE APPLIANCES	20	69		994.23	14.41	.093	49.71	1.33
OTHER OPTOMETRIC SERVICES	1	2		6.45	3.23	.003	6.45	.01
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$	6.59	3.30	.003	3.30	.01
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	2		6.59	3.30	.003	3.30	.01
@HOME HEALTH AGENCY	3	25	\$	1,806.82	72.27	.034	602.27	2.43
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	316	1,831	\$	389,443.42	212.69	2.458	1232.42	522.74
HOSP INPATIENT TOTAL	71	307		357,535.21	1164.61	.412	5035.71	479.91
HSC HOSPITALS	5	21		22,241.00	1059.10	.028	4448.20	29.85
NON-HSC HOSPITAL TOTAL	35	169		317,322.78	1877.65	.227	9066.37	425.94
ACCOMMODATIONS	35	169		85,201.34	504.15	.227	2434.32	114.36
ADMINISTRATIVE DAYS	1	21		4,857.30	231.30	.028	4857.30	6.52
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	35	148		80,344.04	542.87	.199	2295.54	107.84
ANCILLARIES	35	0		232,121.44	.00	.000	6632.04	311.57
INPATIENT CROSSOVERS	31	117		17,971.43	153.60	.157	579.72	24.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	255	1,524		31,908.21	20.94	2.046	125.13	42.83
MEDICAL	39	49		927.12	18.92	.066	23.77	1.24
SURGERY	25	26		1,622.51	62.40	.035	64.90	2.18
PATHOLOGY	95	478		4,412.00	9.23	.642	46.44	5.92
RADIOLOGY	67	102		6,159.87	60.39	.137	91.94	8.27
ROOM USE	117	169		6,088.65	36.03	.227	52.04	8.17
CROSSOVERS/ALL OTH OUTPTNT	157	700		12,698.06	18.14	.940	80.88	17.04
@COUNTY HOSPITAL TOTAL	1	1	\$	33.11	33.11	.001	33.11	.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1		33.11	33.11	.001	33.11	.04
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		33.11	33.11	.001	33.11	.04
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

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	745 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	315	1,830	\$	389,410.31	\$ 212.79	2.456	\$ 1236.22	\$ 522.70
COMM HOSP INPATIENT TOTAL	71	307		357,535.21	1164.61	.412	5035.71	479.91
HSC HOSPITALS	5	21		22,241.00	1059.10	.028	4448.20	29.85

NON-HSC HOSPITALS TOTAL	35	169		317,322.78	1877.65	.227	9066.37	425.94
ACCOMMODATIONS	35	169		85,201.34	504.15	.227	2434.32	114.36
ADMINISTRATIVE DAYS	1	21		4,857.30	231.30	.028	4857.30	6.52
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	35	148		80,344.04	542.87	.199	2295.54	107.84
ANCILLARIES	35	0		232,121.44	.00	.000	6632.04	311.57
INPATIENT CROSSOVERS	31	117		17,971.43	153.60	.157	579.72	24.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	254	1,523		31,875.10	20.93	2.044	125.49	42.79
MEDICAL	39	49		927.12	18.92	.066	23.77	1.24
SURGERY	25	26		1,622.51	62.40	.035	64.90	2.18
PATHOLOGY	95	478		4,412.00	9.23	.642	46.44	5.92
RADIOLOGY	67	102		6,159.87	60.39	.137	91.94	8.27
ROOM USE	116	168		6,055.54	36.04	.226	52.20	8.13
CROSSOVERS/ALL OTH OUTPTNT	157	700		12,698.06	18.14	.940	80.88	17.04
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	15	319	\$	40,975.20	128.45	.428	2731.68	55.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	15	319		40,975.20	128.45	.428	2731.68	55.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	14	\$	5,067.50	361.96	.019	460.68	6.80
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	14		5,067.50	361.96	.019	460.68	6.80
@REHABILITATION FACILITY	1	7	\$	148.85	21.26	.009	148.85	.20
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	7		148.85	21.26	.009	148.85	.20
@LABORATORY FACILITY	8	52	\$	472.32	9.08	.070	59.04	.63
PATHOLOGY	7	38		441.47	11.62	.051	63.07	.59
XO AND OTHERS	1	14		30.85	2.20	.019	30.85	.04
@ORGANIZED OUTPATIENT CLINIC	39	67	\$	7,865.67	117.40	.090	201.68	10.56
CLINIC	1	1		46.43	46.43	.001	46.43	.06
SURGICENTER	4	10		876.23	87.62	.013	219.06	1.18
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	34	56		6,943.01	123.98	.075	204.21	9.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
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745 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	80	1,147	\$ 25,162.99	\$ 21.94	1.540	\$ 314.54	\$ 33.78
DURABLE MED. EQUIP.	3	57	1,759.21	30.86	.077	586.40	2.36
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	56.40	28.20	.003	56.40	.08
MEDICAL TRANSPORTATION	35	518	6,050.23	11.68	.695	172.86	8.12
AMBULANCES/AIR TRANS	24	276	3,338.80	12.10	.370	139.12	4.48
OTHER TRANS	3	25	97.80	3.91	.034	32.60	.13
OTHER SERVICES	11	217	2,613.63	12.04	.291	237.60	3.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	8	29	4,695.05	161.90	.039	586.88	6.30
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	38	363.36	9.56	.051	22.71	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2	6.18	3.09	.003	3.09	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	271	11,413.10	42.11	.364	3804.37	15.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	8	58.57	7.32	.011	19.52	.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	222	760.89	3.43	.298	69.17	1.02
@CALIF. CHILDREN SERVICES*	2	9	\$ 279.43	\$ 31.05	.012	\$ 139.72	\$.38
@XOVER EXCLUDING STATE HOSP**	191	976	\$ 47,113.50	\$ 48.27	1.310	\$ 246.67	\$ 63.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,693
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
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3,218 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,137	111,967	\$ 10,105,674.22	\$ 90.26	34.794	\$ 3221.45	\$ 3140.36
@PHYSICIANS SERVICES	280	488	\$ 6,442.94	\$ 13.20	.152	\$ 23.01	\$ 2.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	72.10	72.10	.000	72.10	.02
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	.02
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	279	487	6,370.84	13.08	.151	22.83	1.98
@PHARMACY	2,641	17,536	\$ 804,200.26	\$ 45.86	5.449	\$ 304.51	\$ 249.91
PRESCRIPTION DRUGS	2,628	16,787	778,735.95	46.39	5.217	296.32	241.99

SNF/ICF	2,503	16,155		757,562.76		46.89	5.020	302.66	235.41
OUTPATIENTS	163	632		21,173.19		33.50	.196	129.90	6.58
MEDICAL SUPPLIES	327	749		25,464.31		34.00	.233	77.87	7.91
@DENTIST	174	458	\$	20,915.40	\$	45.67	.142	120.20	6.50
VISITS - DIAGNOSTIC	150	326		5,916.40		18.15	.101	39.44	1.84
ORAL SURGERY	12	23		874.00		38.00	.007	72.83	.27
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	8	8		1,345.00		168.13	.002	168.13	.42
ENDODONTICS	2	3		735.00		245.00	.001	367.50	.23
RESTORATIVE DENTISTRY	9	19		1,284.00		67.58	.006	142.67	.40
PROSTHETICS	1	1		50.00		50.00	.000	50.00	.02
DENTURES, STAYPLATES	30	76		10,711.00		140.93	.024	357.03	3.33
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	3	2		.00		.00	.001	.00	.00

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EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

3,218 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	39	101	\$ 1,828.49	\$ 18.10	.031	\$ 46.88	\$.57
DIAGNOSTIC AND ANC. PROCED	4	4	120.91	30.23	.001	30.23	.04
EYE APPLIANCES	33	94	1,592.89	16.95	.029	48.27	.49
OTHER OPTOMETRIC SERVICES	4	3	114.69	38.23	.001	28.67	.04
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	305	315	\$ 3,258.85	\$ 10.35	.098	\$ 10.68	\$ 1.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	305	315	3,258.85	10.35	.098	10.68	1.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	120	539	\$ 37,177.57	\$ 68.98	.167	\$ 309.81	\$ 11.55
HOSP INPATIENT TOTAL	25	91	29,260.37	321.54	.028	1170.41	9.09
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	9	9,342.37	1038.04	.003	9342.37	2.90
ACCOMMODATIONS	1	9	4,647.24	516.36	.003	4647.24	1.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	9	4,647.24	516.36	.003	4647.24	1.44
ANCILLARIES	1	0	4,695.13	.00	.000	4695.13	1.46
INPATIENT CROSSOVERS	24	82	19,918.00	242.90	.025	829.92	6.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	98	448	7,917.20	17.67	.139	80.79	2.46
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	8	70.30	8.79	.002	35.15	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	96	440	7,846.90	17.83	.137	81.74	2.44
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

3,218 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	120	539	\$ 37,177.57	\$ 68.98	.167		\$ 309.81	\$ 11.55
COMM HOSP INPATIENT TOTAL	25	91	29,260.37	321.54	.028		1170.41	9.09
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	1	9	9,342.37	1038.04	.003		9342.37	2.90
ACCOMMODATIONS	1	9	4,647.24	516.36	.003		4647.24	1.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	1	9	4,647.24	516.36	.003		4647.24	1.44
ANCILLARIES	1	0	4,695.13	.00	.000		4695.13	1.46
INPATIENT CROSSOVERS	24	82	19,918.00	242.90	.025		829.92	6.19
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	98	448	7,917.20	17.67	.139		80.79	2.46
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	2	8	70.30	8.79	.002		35.15	.02
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	96	440	7,846.90	17.83	.137		81.74	2.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	2,630	86,352	\$ 9,103,104.14	\$ 105.42	26.834		\$ 3461.26	\$ 2828.81
LEV A-INTERMEDIATE	68	2,219	111,286.73	50.15	.690		1636.57	34.58
LEV B-REHAB MD	30	954	95,386.01	99.99	.296		3179.53	29.64
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	2,534	83,179	8,896,431.40	106.96	25.848		3510.83	2764.58
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000		\$.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	7	19	\$ 23.59	\$ 1.24	.006		\$ 3.37	\$.01
PATHOLOGY	0	0	.00	.00	.000		.00	.00
XO AND OTHERS	7	19	23.59	1.24	.006		3.37	.01
@ORGANIZED OUTPATIENT CLINIC	4	7	\$ 178.78	\$ 25.54	.002		\$ 44.70	\$.06
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	1	2	18.35	9.18	.001		18.35	.01
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	3	5	160.43	32.09	.002		53.48	.05

3,218 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	349	6,152	\$ 128,544.20	\$ 20.89	1.912		\$ 368.32	\$ 39.95

DURABLE MED. EQUIP.	90	491	28,552.31	58.15	.153	317.25	8.87
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	9	1,407.04	156.34	.003	234.51	.44
MEDICAL TRANSPORTATION	134	3,030	12,046.79	3.98	.942	89.90	3.74
AMBULANCES/AIR TRANS	20	146	2,214.63	15.17	.045	110.73	.69
OTHER TRANS	87	2,686	8,416.10	3.13	.835	96.74	2.62
OTHER SERVICES	31	198	1,416.06	7.15	.062	45.68	.44
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	36	70	880.10	12.57	.022	24.45	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	47	109	628.49	5.77	.034	13.37	.20
PROSTHETIST/ORTHOTISTS	3	6	188.36	31.39	.002	62.79	.06
PROSTHETICS	3	6	188.36	31.39	.002	62.79	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	8	8	90.78	11.35	.002	11.35	.03
SPEECH AND AUDIOLOGY	13	20	686.69	34.33	.006	52.82	.21
HOSPICE SERVICES	29	965	83,477.09	86.50	.300	2878.52	25.94
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	1,444	586.55	.41	.449	97.76	.18
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	813	2,836	\$ 96,852.86	\$ 34.15	.881	\$ 119.13	\$ 30.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,697
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	14	349	\$ 28,698.47	\$ 82.23	29.083	\$ 2049.89	\$ 2391.54
@PHYSICIANS SERVICES	1	2	\$ 54.41	\$ 27.21	.167	\$ 54.41	\$ 4.53
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2		54.41		27.21	.167	54.41	4.53
@PHARMACY	10	26	\$	1,223.95	\$	47.08	2.167	122.40	102.00
PRESCRIPTION DRUGS	10	26		1,223.95		47.08	2.167	122.40	102.00
SNF/ICF	10	26		1,223.95		47.08	2.167	122.40	102.00
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	3	6	\$	410.00	\$	68.33	.500	136.67	34.17
VISITS - DIAGNOSTIC	2	3		85.00		28.33	.250	42.50	7.08
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		325.00		108.33	.250	162.50	27.08
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,698
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,699
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	295	26,833.90	90.96	24.583	2683.39	2236.16
LEV A-INTERMEDIATE	0	0	109.65	.00	.000	.00	9.14
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	10	295		26,724.25		90.59	24.583	2672.43	2227.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,700
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	20	\$ 176.21	\$ 8.81	1.667	\$ 44.05	\$ 14.68
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	14	83.60	5.97	1.167	41.80	6.97
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	14	83.60	5.97	1.167	41.80	6.97
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	33.03	33.03	.083	33.03	2.75
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	5	59.58	11.92	.417	59.58	4.97
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2	7	\$ 113.99	\$ 16.28	.583	\$ 57.00	\$ 9.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,701
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	209	14,407	\$ 908,737.13	\$ 63.08	63.467	\$ 4348.02	\$ 4003.25
@PHYSICIANS SERVICES	34	50	\$ 1,674.67	\$ 33.49	.220	\$ 49.26	\$ 7.38
OUTPATIENT VISITS	2	2	152.68	76.34	.009	76.34	.67
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	152.68	76.34	.009	76.34	.67
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	16	25	781.88	31.28	.110	48.87	3.44
HOSPITAL VISITS	1	1	80.10	80.10	.004	80.10	.35
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	16	24		701.78	29.24	.106	43.86	3.09	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	1	1		20.76	20.76	.004	20.76	.09	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	19	22		719.35	32.70	.097	37.86	3.17	
@PHARMACY	188	7,755	\$	73,783.89	\$ 9.51	34.163	\$ 392.47	\$ 325.04	
PRESCRIPTION DRUGS	185	1,192		63,383.43	53.17	5.251	342.61	279.22	
SNF/ICF	177	1,126		62,460.08	55.47	4.960	352.88	275.15	
OUTPATIENTS	8	66		923.35	13.99	.291	115.42	4.07	
MEDICAL SUPPLIES	31	6,563		10,400.46	1.58	28.912	335.50	45.82	
@DENTIST	12	36	\$	1,706.00	\$ 47.39	.159	\$ 142.17	\$ 7.52	
VISITS - DIAGNOSTIC	9	21		277.00	13.19	.093	30.78	1.22	
ORAL SURGERY	1	1		45.00	45.00	.004	45.00	.20	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	5	5		855.00	171.00	.022	171.00	3.77	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	1	9		529.00	58.78	.040	529.00	2.33	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,702
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63								

227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	13	\$ 217.95	\$ 16.77	.057	\$ 43.59	\$.96
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	4	12	170.50	14.21	.053	42.63	.75
OTHER OPTOMETRIC SERVICES	1	1	47.45	47.45	.004	47.45	.21
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	16	17	\$ 187.46	\$ 11.03	.075	\$ 11.72	\$.83
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	16	17	187.46	11.03	.075	11.72	.83
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00

FAMILY NURSE PRACTITIONER	5	6	\$	217.50	\$	36.25	.026	\$	43.50	\$	.96
@TOTAL HOSPITAL	20	102	\$	1,876.90	\$	18.40	.449	\$	93.85	\$	8.27
HOSP INPATIENT TOTAL	1	5		840.00		168.00	.022		840.00		3.70
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	5		840.00		168.00	.022		840.00		3.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	20	97		1,036.90		10.69	.427		51.85		4.57
MEDICAL	2	3		49.35		16.45	.013		24.68		.22
SURGERY	1	1		37.67		37.67	.004		37.67		.17
PATHOLOGY	7	34		348.55		10.25	.150		49.79		1.54
RADIOLOGY	2	2		59.26		29.63	.009		29.63		.26
ROOM USE	2	2		76.59		38.30	.009		38.30		.34
CROSSOVERS/ALL OTH OUTPTNT	14	55		465.48		8.46	.242		33.25		2.05
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20	102	\$ 1,876.90	\$ 18.40	.449	\$ 93.85	\$ 8.27
COMM HOSP INPATIENT TOTAL	1	5	840.00	168.00	.022	840.00	3.70
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	5	840.00	168.00	.022	840.00	3.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20	97	1,036.90	10.69	.427	51.85	4.57
MEDICAL	2	3	49.35	16.45	.013	24.68	.22
SURGERY	1	1	37.67	37.67	.004	37.67	.17
PATHOLOGY	7	34	348.55	10.25	.150	49.79	1.54
RADIOLOGY	2	2	59.26	29.63	.009	29.63	.26
ROOM USE	2	2	76.59	38.30	.009	38.30	.34

CROSSOVERS/ALL OTH OUTPTNT	14	55		465.48		8.46	.242	33.25	2.05
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	167	5,326	\$	721,299.78	\$	135.43	23.463	\$ 4319.16	\$ 3177.53
LEV A-INTERMEDIATE	6	163		4,578.38		28.09	.718	763.06	20.17
LEV B-REHAB MD	1	31		352.83		11.38	.137	352.83	1.55
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	160	5,132		716,368.57		139.59	22.608	4477.30	3155.81
@INTERMEDIATE CARE FACIL.-DD	24	722	\$	87,547.07	\$	121.26	3.181	\$ 3647.79	\$ 385.67
ICF DDH	12	365		48,810.17		133.73	1.608	4067.51	215.02
ICF DD	12	357		38,736.90		108.51	1.573	3228.08	170.65
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	9	\$	130.13	\$	14.46	.040	\$ 32.53	\$.57
PATHOLOGY	4	9		130.13		14.46	.040	32.53	.57
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	16	\$	289.39	\$	18.09	.070	\$ 32.15	\$ 1.27
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	9	16		289.39		18.09	.070	32.15	1.27

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

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 01/29/04

227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	31	355	\$ 19,806.39	\$ 55.79	1.564	\$ 638.92	\$ 87.25
DURABLE MED. EQUIP.	10	128	16,937.23	132.32	.564	1693.72	74.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	169	807.11	4.78	.744	73.37	3.56
AMBULANCES/AIR TRANS	4	25	295.97	11.84	.110	73.99	1.30
OTHER TRANS	6	142	468.43	3.30	.626	78.07	2.06
OTHER SERVICES	1	2	42.71	21.36	.009	42.71	.19
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	9	102.05	11.34	.040	25.51	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.89	.89	.004	.89	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	48	1,959.11	40.81	.211	163.26	8.63
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	52	6,605	\$	4,214.92	\$.64	29.097	\$ 81.06
							\$ 18.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,705
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	MN - LONG TERM CARE - FAMILIES	DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,706
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,707
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
EL DORADO COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 2,708
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,709
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL		

3,457 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,360	126,723	\$ 11,043,109.82	\$ 87.14	36.657	\$ 3286.64	\$ 3194.42
@PHYSICIANS SERVICES	315	540	\$ 8,172.02	\$ 15.13	.156	\$ 25.94	\$ 2.36
OUTPATIENT VISITS	2	2	152.68	76.34	.001	76.34	.04
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	152.68	76.34	.001	76.34	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	17	26	853.98	32.85	.008	50.23	.25
HOSPITAL VISITS	1	1	80.10	80.10	.000	80.10	.02
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	17	25	773.88	30.96	.007	45.52	.22
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	20.76	20.76	.000	20.76	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	299	511	7,144.60	13.98	.148	23.89	2.07
@PHARMACY	2,839	25,317	\$ 879,208.10	\$ 34.73	7.323	\$ 309.69	\$ 254.33
PRESCRIPTION DRUGS	2,823	18,005	843,343.33	46.84	5.208	298.74	243.95
SNF/ICF	2,690	17,307	821,246.79	47.45	5.006	305.30	237.56
OUTPATIENTS	171	698	22,096.54	31.66	.202	129.22	6.39
MEDICAL SUPPLIES	358	7,312	35,864.77	4.90	2.115	100.18	10.37
@DENTIST	189	500	\$ 23,031.40	\$ 46.06	.145	\$ 121.86	\$ 6.66

VISITS - DIAGNOSTIC	161	350	6,278.40	17.94	.101	39.00	1.82
ORAL SURGERY	13	24	919.00	38.29	.007	70.69	.27
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	13	13	2,200.00	169.23	.004	169.23	.64
ENDODONTICS	2	3	735.00	245.00	.001	367.50	.21
RESTORATIVE DENTISTRY	10	28	1,813.00	64.75	.008	181.30	.52
PROSTHETICS	1	1	50.00	50.00	.000	50.00	.01
DENTURES, STAYPLATES	32	79	11,036.00	139.70	.023	344.88	3.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,710
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

3,457 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	44	114	\$ 2,046.44	\$ 17.95	.033	\$ 46.51	\$.59
DIAGNOSTIC AND ANC. PROCED	4	4	120.91	30.23	.001	30.23	.03
EYE APPLIANCES	37	106	1,763.39	16.64	.031	47.66	.51
OTHER OPTOMETRIC SERVICES	5	4	162.14	40.54	.001	32.43	.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	321	332	\$ 3,446.31	\$ 10.38	.096	\$ 10.74	\$ 1.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	321	332	3,446.31	10.38	.096	10.74	1.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	5	6	\$ 217.50	\$ 36.25	.002	\$ 43.50	\$.06
@TOTAL HOSPITAL	140	641	\$ 39,054.47	\$ 60.93	.185	\$ 278.96	\$ 11.30
HOSP INPATIENT TOTAL	26	96	30,100.37	313.55	.028	1157.71	8.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	9	9,342.37	1038.04	.003	9342.37	2.70
ACCOMMODATIONS	1	9	4,647.24	516.36	.003	4647.24	1.34
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	9	4,647.24	516.36	.003	4647.24	1.34
ANCILLARIES	1	0	4,695.13	.00	.000	4695.13	1.36
INPATIENT CROSSOVERS	25	87	20,758.00	238.60	.025	830.32	6.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	118	545	8,954.10	16.43	.158	75.88	2.59
MEDICAL	2	3	49.35	16.45	.001	24.68	.01
SURGERY	1	1	37.67	37.67	.000	37.67	.01
PATHOLOGY	9	42	418.85	9.97	.012	46.54	.12
RADIOLOGY	2	2	59.26	29.63	.001	29.63	.02
ROOM USE	2	2	76.59	38.30	.001	38.30	.02
CROSSOVERS/ALL OTH OUTPTNT	110	495	8,312.38	16.79	.143	75.57	2.40
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

3,457 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	140	641	\$ 39,054.47	\$ 60.93	.185	\$ 278.96	\$ 11.30
COMM HOSP INPATIENT TOTAL	26	96	30,100.37	313.55	.028	1157.71	8.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	9	9,342.37	1038.04	.003	9342.37	2.70
ACCOMMODATIONS	1	9	4,647.24	516.36	.003	4647.24	1.34
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	9	4,647.24	516.36	.003	4647.24	1.34
ANCILLARIES	1	0	4,695.13	.00	.000	4695.13	1.36
INPATIENT CROSSOVERS	25	87	20,758.00	238.60	.025	830.32	6.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	118	545	8,954.10	16.43	.158	75.88	2.59
MEDICAL	2	3	49.35	16.45	.001	24.68	.01
SURGERY	1	1	37.67	37.67	.000	37.67	.01
PATHOLOGY	9	42	418.85	9.97	.012	46.54	.12
RADIOLOGY	2	2	59.26	29.63	.001	29.63	.02
ROOM USE	2	2	76.59	38.30	.001	38.30	.02
CROSSOVERS/ALL OTH OUTPTNT	110	495	8,312.38	16.79	.143	75.57	2.40
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,807	91,973	\$ 9,851,237.82	\$ 107.11	26.605	\$ 3509.53	\$ 2849.65
LEV A-INTERMEDIATE	74	2,382	115,974.76	48.69	.689	1567.23	33.55
LEV B-REHAB MD	31	985	95,738.84	97.20	.285	3088.35	27.69
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,704	88,606	9,639,524.22	108.79	25.631	3564.91	2788.41
@INTERMEDIATE CARE FACIL.-DD	24	722	\$ 87,547.07	\$ 121.26	.209	\$ 3647.79	\$ 25.32
ICF DDH	12	365	48,810.17	133.73	.106	4067.51	14.12
ICF DD	12	357	38,736.90	108.51	.103	3228.08	11.21
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	28	\$ 153.72	\$ 5.49	.008	\$ 13.97	\$.04
PATHOLOGY	4	9	130.13	14.46	.003	32.53	.04
XO AND OTHERS	7	19	23.59	1.24	.005	3.37	.01
@ORGANIZED OUTPATIENT CLINIC	13	23	\$ 468.17	\$ 20.36	.007	\$ 36.01	\$.14
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	2	18.35	9.18	.001	18.35	.01
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	21	449.82	21.42	.006	37.49	.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,712
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

3,457 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	384	6,527	\$ 148,526.80	\$ 22.76	1.888	\$ 386.79	\$ 42.96
DURABLE MED. EQUIP.	100	619	45,489.54	73.49	.179	454.90	13.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	9	1,407.04	156.34	.003	234.51	.41
MEDICAL TRANSPORTATION	147	3,213	12,937.50	4.03	.929	88.01	3.74

AMBULANCES/AIR TRANS	24	171	2,510.60	14.68	.049	104.61	.73
OTHER TRANS	95	2,842	8,968.13	3.16	.822	94.40	2.59
OTHER SERVICES	32	200	1,458.77	7.29	.058	45.59	.42
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	40	79	982.15	12.43	.023	24.55	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	48	110	629.38	5.72	.032	13.11	.18
PROSTHETIST/ORTHOTISTS	3	6	188.36	31.39	.002	62.79	.05
PROSTHETICS	3	6	188.36	31.39	.002	62.79	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	8	8	90.78	11.35	.002	11.35	.03
SPEECH AND AUDIOLOGY	26	69	2,678.83	38.82	.020	103.03	.77
HOSPICE SERVICES	29	965	83,477.09	86.50	.279	2878.52	24.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	1,449	646.13	.45	.419	92.30	.19
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	867	9,448	\$ 101,181.77	\$ 10.71	2.733	\$ 116.70	\$ 29.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,713
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	7,951 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,738	144,756	\$	11,617,254.70	\$ 80.25	18.206	\$ 1724.14	\$ 1461.11
@PHYSICIANS SERVICES	1,096	2,969	\$	66,859.01	\$ 22.52	.373	\$ 61.00	\$ 8.41
OUTPATIENT VISITS	82	103		4,687.98	45.51	.013	57.17	.59
OFFICE VISITS	61	70		2,688.00	38.40	.009	44.07	.34
HOME VISITS	1	1		80.10	80.10	.000	80.10	.01
EMERGENCY ROOM	22	23		1,723.90	74.95	.003	78.36	.22
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9		195.98	21.78	.001	24.50	.02
INPATIENT VISITS	20	62		3,262.72	52.62	.008	163.14	.41
HOSPITAL VISITS	18	55		2,535.72	46.10	.007	140.87	.32
CRITICAL CARE	1	5		608.00	121.60	.001	608.00	.08
SNF/ICF/TRANS IP CARE	2	2		119.00	59.50	.000	59.50	.01
OPHTHALMOLOGICAL SERVICES	10	10		442.99	44.30	.001	44.30	.06
EXAMINATIONS	8	8		392.99	49.12	.001	49.12	.05
SERVICES AND MATERIALS	2	2		50.00	25.00	.000	25.00	.01
INPATIENT HOSPITAL SURGERY	16	107		12,914.47	120.70	.013	807.15	1.62
PRINCIPAL SURGEON	13	23		10,371.34	450.93	.003	797.80	1.30
ASSISTANT SURGEON	1	2		774.38	387.19	.000	774.38	.10
ANESTHESIOLOGIST	5	82		1,768.75	21.57	.010	353.75	.22
OUTPATIENT SURGERY	13	41		3,161.41	77.11	.005	243.19	.40
PRINCIPAL SURGEON	10	18		2,717.15	150.95	.002	271.72	.34
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	23		444.26	19.32	.003	148.09	.06
DIALYSIS	1	16		432.54	27.03	.002	432.54	.05
PATHOLOGY	13	49		1,511.49	30.85	.006	116.27	.19

RADIOLOGY	49	92	5,478.58	59.55	.012	111.81	.69
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6	165.14	27.52	.001	55.05	.02
OTHER SERVICES/ALL X-OVERS	990	2,483	34,801.69	14.02	.312	35.15	4.38
@PHARMACY	5,583	37,351	\$ 1,596,618.47	\$ 42.75	4.698	\$ 285.98	\$ 200.81
PRESCRIPTION DRUGS	5,531	27,618	1,557,410.27	56.39	3.474	281.58	195.88
SNF/ICF	2,599	16,685	785,082.39	47.05	2.098	302.07	98.74
OUTPATIENTS	2,982	10,933	772,327.88	70.64	1.375	259.00	97.14
MEDICAL SUPPLIES	529	9,733	39,208.20	4.03	1.224	74.12	4.93
@DENTIST	403	1,401	\$ 70,125.90	\$ 50.05	.176	\$ 174.01	\$ 8.82
VISITS - DIAGNOSTIC	272	830	11,570.90	13.94	.104	42.54	1.46
ORAL SURGERY	40	105	5,086.00	48.44	.013	127.15	.64
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	26	27	3,048.00	112.89	.003	117.23	.38
ENDODONTICS	15	26	6,398.00	246.08	.003	426.53	.80
RESTORATIVE DENTISTRY	70	186	14,594.00	78.46	.023	208.49	1.84
PROSTHETICS	4	4	160.00	40.00	.001	40.00	.02
DENTURES, STAYPLATES	81	217	29,269.00	134.88	.027	361.35	3.68
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	6	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,714
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED						

7,951 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	137	366	\$	6,534.85	\$ 17.85	.046	\$ 47.70	\$.82
DIAGNOSTIC AND ANC. PROCED	19	19		803.21	42.27	.002	42.27	.10
EYE APPLIANCES	105	305		4,975.92	16.31	.038	47.39	.63
OTHER OPTOMETRIC SERVICES	28	42		755.72	17.99	.005	26.99	.10
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	341	354	\$	3,638.39	\$ 10.28	.045	\$ 10.67	\$.46
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	341	354		3,638.39	10.28	.045	10.67	.46
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	4	22	\$	83.66	\$ 3.80	.003	\$ 20.92	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	817	3,696	\$	261,240.59	\$ 70.68	.465	\$ 319.76	\$ 32.86
HOSP INPATIENT TOTAL	125	415		191,237.28	460.81	.052	1529.90	24.05
HSC HOSPITALS	5	14		16,971.00	1212.21	.002	3394.20	2.13
NON-HSC HOSPITAL TOTAL	11	44		93,932.76	2134.84	.006	8539.34	11.81
ACCOMMODATIONS	11	44		26,723.26	607.35	.006	2429.39	3.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	44		26,723.26	607.35	.006	2429.39	3.36
ANCILLARIES	11	0		67,209.50	.00	.000	6109.95	8.45
INPATIENT CROSSOVERS	109	357		80,333.52	225.02	.045	737.00	10.10
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	718	3,281		70,003.31	21.34	.413	97.50	8.80
MEDICAL	32	63		1,758.88	27.92	.008	54.97	.22

SURGERY	4	4	333.75	83.44	.001	83.44	.04
PATHOLOGY	65	453	5,164.77	11.40	.057	79.46	.65
RADIOLOGY	44	74	5,296.36	71.57	.009	120.37	.67
ROOM USE	40	58	2,405.68	41.48	.007	60.14	.30
CROSSOVERS/ALL OTH OUTPTNT	634	2,629	55,043.87	20.94	.331	86.82	6.92
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,715
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED						
7,951 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	817	3,696	\$ 261,240.59	\$ 70.68	.465	\$ 319.76	\$ 32.86
COMM HOSP INPATIENT TOTAL	125	415	191,237.28	460.81	.052	1529.90	24.05
HSC HOSPITALS	5	14	16,971.00	1212.21	.002	3394.20	2.13
NON-HSC HOSPITALS TOTAL	11	44	93,932.76	2134.84	.006	8539.34	11.81
ACCOMMODATIONS	11	44	26,723.26	607.35	.006	2429.39	3.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	44	26,723.26	607.35	.006	2429.39	3.36
ANCILLARIES	11	0	67,209.50	.00	.000	6109.95	8.45
INPATIENT CROSSOVERS	109	357	80,333.52	225.02	.045	737.00	10.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	718	3,281	70,003.31	21.34	.413	97.50	8.80
MEDICAL	32	63	1,758.88	27.92	.008	54.97	.22
SURGERY	4	4	333.75	83.44	.001	83.44	.04
PATHOLOGY	65	453	5,164.77	11.40	.057	79.46	.65
RADIOLOGY	44	74	5,296.36	71.57	.009	120.37	.67
ROOM USE	40	58	2,405.68	41.48	.007	60.14	.30
CROSSOVERS/ALL OTH OUTPTNT	634	2,629	55,043.87	20.94	.331	86.82	6.92
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,717	88,462	\$ 9,368,783.66	\$ 105.91	11.126	\$ 3448.21	\$ 1178.32
LEV A-INTERMEDIATE	70	2,285	115,770.77	50.67	.287	1653.87	14.56
LEV B-REHAB MD	30	954	95,386.01	99.99	.120	3179.53	12.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,619	85,223	9,157,626.88	107.45	10.719	3496.61	1151.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	23	31	\$ 23,557.63	\$ 759.92	.004	\$ 1024.24	\$ 2.96
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	23	31	23,557.63	759.92	.004	1024.24	2.96
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	26	123	\$ 962.12	\$ 7.82	.015	\$ 37.00	\$.12
PATHOLOGY	17	87	907.05	10.43	.011	53.36	.11
XO AND OTHERS	9	36	55.07	1.53	.005	6.12	.01
@ORGANIZED OUTPATIENT CLINIC	121	243	\$ 18,681.88	\$ 76.88	.031	\$ 154.40	\$ 2.35
CLINIC	1	2	32.49	16.25	.000	32.49	.00
SURGICENTER	29	52	6,282.12	120.81	.007	216.62	.79
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	91	189	12,367.27	65.44	.024	135.90	1.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,716

7,951 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	801	9,738	\$ 200,168.54	\$ 20.56	1.225	\$ 249.90	\$ 25.18
DURABLE MED. EQUIP.	100	567	38,261.19	67.48	.071	382.61	4.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	13	2,247.59	172.89	.002	224.76	.28
MEDICAL TRANSPORTATION	186	3,625	20,168.52	5.56	.456	108.43	2.54
AMBULANCES/AIR TRANS	39	287	4,638.46	16.16	.036	118.93	.58
OTHER TRANS	103	2,842	8,993.92	3.16	.357	87.32	1.13
OTHER SERVICES	52	496	6,536.14	13.18	.062	125.70	.82
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	51	337	23,392.84	69.41	.042	458.68	2.94
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	128	270	3,143.44	11.64	.034	24.56	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	52	116	638.66	5.51	.015	12.28	.08
PROSTHETIST/ORTHOTISTS	7	12	465.64	38.80	.002	66.52	.06
PROSTHETICS	7	12	465.64	38.80	.002	66.52	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	10	127.94	12.79	.001	12.79	.02
SPEECH AND AUDIOLOGY	16	27	1,623.88	60.14	.003	101.49	.20
HOSPICE SERVICES	34	1,066	94,517.67	88.67	.134	2779.93	11.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	249	3,695	15,581.17	4.22	.465	62.57	1.96
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2,102	9,609	\$ 278,326.10	\$ 28.97	1.209	\$ 132.41	\$ 35.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

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01/29/04

64 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	52	844	\$ 105,050.10	\$ 124.47	13.188	\$ 2020.19	\$ 1641.41
@PHYSICIANS SERVICES	23	150	\$ 5,012.45	\$ 33.42	2.344	\$ 217.93	\$ 78.32
OUTPATIENT VISITS	3	6	205.29	34.22	.094	68.43	3.21
OFFICE VISITS	2	4	166.90	41.73	.063	83.45	2.61
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	38.39	19.20	.031	19.20	.60
INPATIENT VISITS	6	62	2,844.48	45.88	.969	474.08	44.45
HOSPITAL VISITS	6	54	1,871.68	34.66	.844	311.95	29.25
CRITICAL CARE	2	8	972.80	121.60	.125	486.40	15.20
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	4	20		1,383.11	69.16	.313	345.78	21.61	
PRINCIPAL SURGEON	3	4		1,181.09	295.27	.063	393.70	18.45	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	16		202.02	12.63	.250	202.02	3.16	
OUTPATIENT SURGERY	1	1		55.85	55.85	.016	55.85	.87	
PRINCIPAL SURGEON	1	1		55.85	55.85	.016	55.85	.87	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	3	12		192.09	16.01	.188	64.03	3.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	15	49		331.63	6.77	.766	22.11	5.18	
@PHARMACY	33	174	\$	11,361.17	\$ 65.29	2.719	\$ 344.28	\$ 177.52	
PRESCRIPTION DRUGS	31	119		9,706.86	81.57	1.859	313.12	151.67	
SNF/ICF	12	34		1,541.40	45.34	.531	128.45	24.08	
OUTPATIENTS	19	85		8,165.46	96.06	1.328	429.76	127.59	
MEDICAL SUPPLIES	6	55		1,654.31	30.08	.859	275.72	25.85	
@DENTIST	6	12	\$	835.00	\$ 69.58	.188	\$ 139.17	\$ 13.05	
VISITS - DIAGNOSTIC	4	5		130.00	26.00	.078	32.50	2.03	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	3	7		705.00	100.71	.109	235.00	11.02	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,718
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND								

64 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	56	\$ 4,192.16	\$ 74.86	.875	\$ 1048.04	\$ 65.50
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	14	103	\$ 49,453.89	\$ 480.13	1.609	\$ 3532.42	\$ 772.72
HOSP INPATIENT TOTAL	3	41	48,567.26	1184.57	.641	16189.09	758.86
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	1	35	46,887.26	1339.64	.547	46887.26	732.61
ACCOMMODATIONS	1	35	15,985.64	456.73	.547	15985.64	249.78
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	.328	4857.30	75.90
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	14	11,128.34	794.88	.219	11128.34	173.88
ANCILLARIES	1	0	30,901.62	.00	.000	30901.62	482.84
INPATIENT CROSSOVERS	2	6	1,680.00	280.00	.094	840.00	26.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	62	886.63	14.30	.969	80.60	13.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	29	222.26	7.66	.453	74.09	3.47
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	89.23	29.74	.047	29.74	1.39
CROSSOVERS/ALL OTH OUTPTNT	8	30	575.14	19.17	.469	71.89	8.99
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,719
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						

64 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	103	\$ 49,453.89	\$ 480.13	1.609	\$ 3532.42	\$ 772.72
COMM HOSP INPATIENT TOTAL	3	41	48,567.26	1184.57	.641	16189.09	758.86
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	35	46,887.26	1339.64	.547	46887.26	732.61
ACCOMMODATIONS	1	35	15,985.64	456.73	.547	15985.64	249.78
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	.328	4857.30	75.90
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	14	11,128.34	794.88	.219	11128.34	173.88
ANCILLARIES	1	0	30,901.62	.00	.000	30901.62	482.84
INPATIENT CROSSOVERS	2	6	1,680.00	280.00	.094	840.00	26.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	62	886.63	14.30	.969	80.60	13.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	29	222.26	7.66	.453	74.09	3.47
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	89.23	29.74	.047	29.74	1.39
CROSSOVERS/ALL OTH OUTPTNT	8	30	575.14	19.17	.469	71.89	8.99
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	11	325	\$	33,925.30	\$	104.39	5.078	\$	3084.12	\$	530.08
LEV A-INTERMEDIATE	0	0		109.65		.00	.000		.00		1.71
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	11	325		33,815.65		104.05	5.078		3074.15		528.37
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.000		.00		.00
XO AND OTHERS	0	0		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	37.52	\$	.031	\$	18.76	\$	.59
CLINIC	0	0		.00		.000		.00		.00
SURGICENTER	0	0		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00		.00
RURAL HEALTH CLINIC	2	2		37.52		.031		18.76		.59

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,720
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

64 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	22	\$ 232.61	\$ 10.57	.344	\$ 46.52	\$ 3.63
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	56.40	28.20	.031	56.40	.88
MEDICAL TRANSPORTATION	2	14	83.60	5.97	.219	41.80	1.31
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	14	83.60	5.97	.219	41.80	1.31
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	33.03	33.03	.016	33.03	.52
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	5	59.58	11.92	.078	59.58	.93
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	17	78	\$ 2,561.00	\$ 32.83	1.219	\$ 150.65	\$ 40.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,721
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED	

4,725 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,590	90,282	\$ 3,556,612.60	\$ 39.39	19.107	\$ 990.70	\$ 752.72
@PHYSICIANS SERVICES	866	3,181	\$ 86,097.04	\$ 27.07	.673	\$ 99.42	\$ 18.22
OUTPATIENT VISITS	262	384	16,717.35	43.53	.081	63.81	3.54
OFFICE VISITS	165	226	7,187.04	31.80	.048	43.56	1.52
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	92	123	8,828.37	71.78	.026	95.96	1.87

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	34	35	701.94	20.06	.007	20.65	.15
INPATIENT VISITS	84	367	14,955.24	40.75	.078	178.04	3.17
HOSPITAL VISITS	65	327	13,135.86	40.17	.069	202.09	2.78
CRITICAL CARE	5	9	847.40	94.16	.002	169.48	.18
SNF/ICF/TRANS IP CARE	23	31	971.98	31.35	.007	42.26	.21
OPHTHALMOLOGICAL SERVICES	6	7	300.49	42.93	.001	50.08	.06
EXAMINATIONS	5	6	280.49	46.75	.001	56.10	.06
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	25	110	6,204.70	56.41	.023	248.19	1.31
PRINCIPAL SURGEON	17	20	3,879.14	193.96	.004	228.18	.82
ASSISTANT SURGEON	2	2	209.20	104.60	.000	104.60	.04
ANESTHESIOLOGIST	6	88	2,116.36	24.05	.019	352.73	.45
OUTPATIENT SURGERY	32	105	6,656.45	63.39	.022	208.01	1.41
PRINCIPAL SURGEON	26	37	5,172.93	139.81	.008	198.96	1.09
ASSISTANT SURGEON	1	1	198.81	198.81	.000	198.81	.04
ANESTHESIOLOGIST	6	67	1,284.71	19.17	.014	214.12	.27
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	40	87	2,577.72	29.63	.018	64.44	.55
RADIOLOGY	124	283	9,846.88	34.79	.060	79.41	2.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	75	2,933.83	39.12	.016	325.98	.62
OTHER SERVICES/ALL X-OVERS	587	1,763	25,904.38	14.69	.373	44.13	5.48
@PHARMACY	2,813	27,963	\$ 1,559,491.50	\$ 55.77	5.918	\$ 554.39	\$ 330.05
PRESCRIPTION DRUGS	2,779	12,199	1,528,256.79	125.28	2.582	549.93	323.44
SNF/ICF	200	1,235	66,688.32	54.00	.261	333.44	14.11
OUTPATIENTS	2,585	10,964	1,461,568.47	133.31	2.320	565.40	309.33
MEDICAL SUPPLIES	223	15,764	31,234.71	1.98	3.336	140.07	6.61
@DENTIST	361	1,570	\$ 92,221.33	\$ 58.74	.332	\$ 255.46	\$ 19.52
VISITS - DIAGNOSTIC	212	723	9,189.50	12.71	.153	43.35	1.94
ORAL SURGERY	48	137	6,459.75	47.15	.029	134.58	1.37
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	38	42	4,654.00	110.81	.009	122.47	.98
ENDODONTICS	39	60	14,657.08	244.28	.013	375.82	3.10
RESTORATIVE DENTISTRY	142	446	44,890.00	100.65	.094	316.13	9.50
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	45	156	12,371.00	79.30	.033	274.91	2.62
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	6	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,722
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED						

4,725 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	99	305	\$	5,706.77	\$	18.71	.065	\$	57.64	\$ 1.21
DIAGNOSTIC AND ANC. PROCED	30	30		1,423.50		47.45	.006		47.45	.30
EYE APPLIANCES	91	261		4,057.90		15.55	.055		44.59	.86
OTHER OPTOMETRIC SERVICES	9	14		225.37		16.10	.003		25.04	.05
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	31	35	\$	308.88	\$	8.83	.007	\$	9.96	\$.07
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00

RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	31	35		308.88		.007	9.96	.07
@HOME HEALTH AGENCY	54	6,327	\$	183,545.02	\$	29.01	1.339	\$ 3398.98 \$ 38.85
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	.00	.00
FAMILY NURSE PRACTITIONER	6	7	\$	257.50	\$	.001	42.92	.05
@TOTAL HOSPITAL	724	4,899	\$	592,803.13	\$	121.00	1.037	\$ 818.79 \$ 125.46
HOSP INPATIENT TOTAL	88	462		516,213.24		1117.34	.098	5866.06 109.25
HSC HOSPITALS	21	132		150,111.00		1137.20	.028	7148.14 31.77
NON-HSC HOSPITAL TOTAL	28	154		334,098.06		2169.47	.033	11932.07 70.71
ACCOMMODATIONS	28	154		91,381.29		593.39	.033	3263.62 19.34
ADMINISTRATIVE DAYS	2	24		5,088.60		212.03	.005	2544.30 1.08
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	26	130		86,292.69		663.79	.028	3318.95 18.26
ANCILLARIES	28	0		242,716.77		.00	.000	8668.46 51.37
INPATIENT CROSSOVERS	42	176		32,004.18		181.84	.037	762.00 6.77
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	672	4,437		76,589.89		17.26	.939	113.97 16.21
MEDICAL	55	101		3,641.79		36.06	.021	66.21 .77
SURGERY	23	27		1,031.89		38.22	.006	44.86 .22
PATHOLOGY	182	1,258		14,594.08		11.60	.266	80.19 3.09
RADIOLOGY	88	121		10,197.58		84.28	.026	115.88 2.16
ROOM USE	141	232		8,273.36		35.66	.049	58.68 1.75
CROSSOVERS/ALL OTH OUTPTNT	464	2,698		38,851.19		14.40	.571	83.73 8.22
@COUNTY HOSPITAL TOTAL	2	23	\$	25,760.00	\$	1120.00	.005	\$ 12880.00 \$ 5.45
CO HOSPITAL INPATIENT TOTAL	2	23		25,760.00		1120.00	.005	12880.00 5.45
HSC HOSPITALS	2	23		25,760.00		1120.00	.005	12880.00 5.45
NON-HSC HOSPITALS TOTAL	0	0		.00		.000	.00	.00
ACCOMMODATIONS	0	0		.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	.00
ANCILLARIES	0	0		.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000	.00	.00
MEDICAL	0	0		.00		.000	.00	.00
SURGERY	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
ROOM USE	0	0		.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

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	4,725 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	722	4,876	\$	567,043.13	\$ 116.29	1.032	\$ 785.38	\$ 120.01
COMM HOSP INPATIENT TOTAL	86	439		490,453.24	1117.21	.093	5702.94	103.80
HSC HOSPITALS	19	109		124,351.00	1140.83	.023	6544.79	26.32
NON-HSC HOSPITALS TOTAL	28	154		334,098.06	2169.47	.033	11932.07	70.71
ACCOMMODATIONS	28	154		91,381.29	593.39	.033	3263.62	19.34
ADMINISTRATIVE DAYS	2	24		5,088.60	212.03	.005	2544.30	1.08
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	26	130		86,292.69	663.79	.028	3318.95	18.26
ANCILLARIES	28	0		242,716.77	.00	.000	8668.46	51.37
INPATIENT CROSSOVERS	42	176		32,004.18	181.84	.037	762.00	6.77
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	672	4,437		76,589.89		17.26	.939	113.97	16.21
MEDICAL	55	101		3,641.79		36.06	.021	66.21	.77
SURGERY	23	27		1,031.89		38.22	.006	44.86	.22
PATHOLOGY	182	1,258		14,594.08		11.60	.266	80.19	3.09
RADIOLOGY	88	121		10,197.58		84.28	.026	115.88	2.16
ROOM USE	141	232		8,273.36		35.66	.049	58.68	1.75
CROSSOVERS/ALL OTH OUTPTNT	464	2,698		38,851.19		14.40	.571	83.73	8.22
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	185	5,685	\$	773,549.12	\$	136.07	1.203	4181.35	163.71
LEV A-INTERMEDIATE	6	163		4,578.38		28.09	.034	763.06	.97
LEV B-REHAB MD	1	31		352.83		11.38	.007	352.83	.07
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	178	5,491		768,617.91		139.98	1.162	4318.08	162.67
@INTERMEDIATE CARE FACIL.-DD	24	722	\$	87,547.07	\$	121.26	.153	3647.79	18.53
ICF DDH	12	365		48,810.17		133.73	.077	4067.51	10.33
ICF DD	12	357		38,736.90		108.51	.076	3228.08	8.20
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	17	27	\$	9,394.08	\$	347.93	.006	552.59	1.99
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	17	27		9,394.08		347.93	.006	552.59	1.99
@REHABILITATION FACILITY	20	294	\$	5,210.97	\$	17.72	.062	260.55	1.10
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	20	294		5,210.97		17.72	.062	260.55	1.10
@LABORATORY FACILITY	42	280	\$	3,930.42	\$	14.04	.059	93.58	.83
PATHOLOGY	40	273		3,877.87		14.20	.058	96.95	.82
XO AND OTHERS	2	7		52.55		7.51	.001	26.28	.01
@ORGANIZED OUTPATIENT CLINIC	211	362	\$	30,613.93	\$	84.57	.077	145.09	6.48
CLINIC	8	10		332.27		33.23	.002	41.53	.07
SURGICENTER	7	23		1,137.50		49.46	.005	162.50	.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	197	329		29,144.16		88.58	.070	147.94	6.17
#CALIF DEPT OF HEALTH SERV									
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				----- MONTHLY AVERAGE -----				
4,725 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	479	38,625	\$ 125,935.84	\$ 3.26	8.175	\$ 262.91	\$ 26.65	
DURABLE MED. EQUIP.	37	192	32,727.29	170.45	.041	884.52	6.93	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	2	2	44.69	22.35	.000	22.35	.01	
MEDICAL TRANSPORTATION	62	934	6,707.22	7.18	.198	108.18	1.42	
AMBULANCES/AIR TRANS	44	549	5,633.47	10.26	.116	128.03	1.19	
OTHER TRANS	8	167	557.05	3.34	.035	69.63	.12	
OTHER SERVICES	11	218	516.70	2.37	.046	46.97	.11	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	30	141	17,091.70	121.22	.030	569.72	3.62	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	92	200	2,464.62	12.32	.042	26.79	.52	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	5	8	182.52	22.82	.002	36.50	.04	
PROSTHETIST/ORTHOTISTS	8	20	1,392.32	69.62	.004	174.04	.29	
PROSTHETICS	8	20	1,392.32	69.62	.004	174.04	.29	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	

PSYCHOLOGIST	1	1	46.44	46.44	.000	46.44	.01
SPEECH AND AUDIOLOGY	21	67	7,233.73	107.97	.014	344.46	1.53
HOSPICE SERVICES	6	291	13,587.07	46.69	.062	2264.51	2.88
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	109	6,470	30,537.61	4.72	1.369	280.16	6.46
EPSDT SUPPLEMENTAL SERVICE	1	4	117.64	29.41	.001	117.64	.02
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	135	30,295	13,802.99	.46	6.412	102.24	2.92
@CALIF. CHILDREN SERVICES*	54	2,900	\$ 38,294.21	\$ 13.20	.614	\$ 709.15	\$ 8.10
@XOVER EXCLUDING STATE HOSP**	869	11,205	\$ 111,676.69	\$ 9.97	2.371	\$ 128.51	\$ 23.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL

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EL DORADO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

67,454 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	28,253	138,989	\$ 8,343,564.17	\$ 60.03	2.061	\$ 295.32	\$ 123.69
@PHYSICIANS SERVICES	11,352	25,231	\$ 1,310,202.70	\$ 51.93	.374	\$ 115.42	\$ 19.42
OUTPATIENT VISITS	8,446	11,053	468,302.13	42.37	.164	55.45	6.94
OFFICE VISITS	4,709	5,775	198,397.39	34.35	.086	42.13	2.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3,331	3,833	199,062.89	51.93	.057	59.76	2.95
PREVENTIVE CARE	69	69	2,821.93	40.90	.001	40.90	.04
OB VISITS/COMPRE PERI	464	682	53,368.49	78.25	.010	115.02	.79
OTHER OUTPATIENT	564	694	14,651.43	21.11	.010	25.98	.22
INPATIENT VISITS	569	1,621	94,919.67	58.56	.024	166.82	1.41
HOSPITAL VISITS	547	1,313	58,883.75	44.85	.019	107.65	.87
CRITICAL CARE	42	308	36,035.92	117.00	.005	858.00	.53
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	75	95	4,164.00	43.83	.001	55.52	.06
EXAMINATIONS	66	81	3,773.00	46.58	.001	57.17	.06
SERVICES AND MATERIALS	14	14	391.00	27.93	.000	27.93	.01
INPATIENT HOSPITAL SURGERY	601	2,302	345,264.35	149.98	.034	574.48	5.12
PRINCIPAL SURGEON	436	566	298,048.62	526.59	.008	683.60	4.42
ASSISTANT SURGEON	64	65	11,771.10	181.09	.001	183.92	.17
ANESTHESIOLOGIST	174	1,671	35,444.63	21.21	.025	203.70	.53
OUTPATIENT SURGERY	976	2,467	157,535.01	63.86	.037	161.41	2.34
PRINCIPAL SURGEON	827	1,087	126,919.57	116.76	.016	153.47	1.88
ASSISTANT SURGEON	5	5	455.86	91.17	.000	91.17	.01
ANESTHESIOLOGIST	219	1,375	30,159.58	21.93	.020	137.71	.45
DIALYSIS	3	5	499.94	99.99	.000	166.65	.01
PATHOLOGY	1,398	1,940	38,693.46	19.95	.029	27.68	.57
RADIOLOGY	1,988	2,915	121,419.61	41.65	.043	61.08	1.80
PSYCHIATRY	1	6	87.54	14.59	.000	87.54	.00
IMMUNIZATION AND INJECTION	248	490	16,936.60	34.56	.007	68.29	.25
OTHER SERVICES/ALL X-OVERS	1,015	2,337	62,380.39	26.69	.035	61.46	.92
@PHARMACY	13,300	36,193	\$ 1,535,713.25	\$ 42.43	.537	\$ 115.47	\$ 22.77
PRESCRIPTION DRUGS	13,208	28,417	1,506,270.18	53.01	.421	114.04	22.33
SNF/ICF	11	30	1,348.70	44.96	.000	122.61	.02
OUTPATIENTS	13,198	28,387	1,504,921.48	53.01	.421	114.03	22.31
MEDICAL SUPPLIES	287	7,776	29,443.07	3.79	.115	102.59	.44
@DENTIST	3,762	17,201	\$ 701,615.65	\$ 40.79	.255	\$ 186.50	\$ 10.40
VISITS - DIAGNOSTIC	2,511	9,896	155,944.52	15.76	.147	62.10	2.31
ORAL SURGERY	550	1,029	60,147.00	58.45	.015	109.36	.89
DRUGS	39	48	1,090.00	22.71	.001	27.95	.02
ANESTHESIA	12	12	1,025.00	85.42	.000	85.42	.02
PERIODONTICS	193	199	21,088.00	105.97	.003	109.26	.31
ENDODONTICS	373	630	114,123.00	181.15	.009	305.96	1.69
RESTORATIVE DENTISTRY	1,520	4,839	313,458.73	64.78	.072	206.22	4.65
PROSTHETICS	11	12	270.00	22.50	.000	24.55	.00
DENTURES, STAYPLATES	57	278	19,916.02	71.64	.004	349.40	.30
SPACE MAINTAINERS	32	36	3,520.00	97.78	.001	110.00	.05
MAXILLOFACIAL SERVICES	8	8	1,550.00	193.75	.000	193.75	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	68	96	8,658.38	90.19	.001	127.33	.13
ALL OTHER SERVICES	92	118	825.00	6.99	.002	8.97	.01

#CALIF DEPT OF HEALTH SERV
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

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67,454 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

MONTHLY AVERAGE
UNITS/DAYS
PER ELIG

COST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	760	2,308	\$	51,880.46	\$	22.48	.034	\$	68.26	\$	.77
DIAGNOSTIC AND ANC. PROCED	563	568		26,172.22		46.08	.008		46.49		.39
EYE APPLIANCES	605	1,719		25,035.43		14.56	.025		41.38		.37
OTHER OPTOMETRIC SERVICES	19	21		672.81		32.04	.000		35.41		.01
@CHIROPRACTOR	29	75	\$	1,249.82	\$	16.66	.001	\$	43.10	\$	.02
VISITS	29	75		1,249.82		16.66	.001		43.10		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	18	26	\$	1,057.74	\$	40.68	.000	\$	58.76	\$	.02
MEDICINE/INJECTIONS	17	21		761.45		36.26	.000		44.79		.01
SURGERY/ANES.	2	3		110.99		37.00	.000		55.50		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	1	1		168.00		168.00	.000		168.00		.00
@HOME HEALTH AGENCY	51	427	\$	19,815.69	\$	46.41	.006	\$	388.54	\$	.29
NURSE ANESTHESIST	3	20	\$	316.71	\$	15.84	.000	\$	105.57	\$	.00
NURSE MIDWIFE	2	2	\$	62.34	\$	31.17	.000	\$	31.17	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	8	\$	281.45	\$	35.18	.000	\$	93.82	\$	.00
@TOTAL HOSPITAL	7,485	32,204	\$	3,825,479.47	\$	118.79	.477	\$	511.09	\$	56.71
HOSP INPATIENT TOTAL	577	2,231		3,056,921.09		1370.20	.033		5297.96		45.32
HSC HOSPITALS	101	641		849,780.37		1325.71	.010		8413.67		12.60
NON-HSC HOSPITAL TOTAL	477	1,580		2,203,925.44		1394.89	.023		4620.39		32.67
ACCOMMODATIONS	463	1,580		767,799.49		485.95	.023		1658.31		11.38
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	463	1,580		767,799.49		485.95	.023		1658.31		11.38
ANCILLARIES	477	0		1,436,125.95		.00	.000		3010.75		21.29
INPATIENT CROSSOVERS	4	10		3,215.28		321.53	.000		803.82		.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7,232	29,973		768,558.38		25.64	.444		106.27		11.39
MEDICAL	994	1,444		41,597.12		28.81	.021		41.85		.62
SURGERY	570	660		23,398.87		35.45	.010		41.05		.35
PATHOLOGY	3,342	12,932		176,074.36		13.62	.192		52.69		2.61
RADIOLOGY	1,900	2,534		162,959.56		64.31	.038		85.77		2.42
ROOM USE	4,727	6,482		249,091.04		38.43	.096		52.70		3.69
CROSSOVERS/ALL OTH OUTPTNT	2,556	5,921		115,437.43		19.50	.088		45.16		1.71
@COUNTY HOSPITAL TOTAL	23	109	\$	32,583.87	\$	298.93	.002	\$	1416.69	\$	.48
CO HOSPITAL INPATIENT TOTAL	3	26		28,730.05		1105.00	.000		9576.68		.43
HSC HOSPITALS	3	26		28,730.05		1105.00	.000		9576.68		.43
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	21	83		3,853.82		46.43	.001		183.52		.06
MEDICAL	5	7		327.71		46.82	.000		65.54		.00
SURGERY	5	6		622.16		103.69	.000		124.43		.01
PATHOLOGY	7	26		416.99		16.04	.000		59.57		.01
RADIOLOGY	3	4		679.72		169.93	.000		226.57		.01
ROOM USE	14	19		895.03		47.11	.000		63.93		.01
CROSSOVERS/ALL OTH OUTPTNT	8	21		912.21		43.44	.000		114.03		.01
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EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
67,454 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	7,466	32,095	\$ 3,792,895.60	\$ 118.18	.476	\$ 508.02	\$ 56.23

----- MONTHLY AVERAGE -----

COMM HOSP INPATIENT TOTAL	574	2,205	3,028,191.04	1373.33	.033	5275.59	44.89
HSC HOSPITALS	98	615	821,050.32	1335.04	.009	8378.06	12.17
NON-HSC HOSPITALS TOTAL	477	1,580	2,203,925.44	1394.89	.023	4620.39	32.67
ACCOMMODATIONS	463	1,580	767,799.49	485.95	.023	1658.31	11.38
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	463	1,580	767,799.49	485.95	.023	1658.31	11.38
ANCILLARIES	477	0	1,436,125.95	.00	.000	3010.75	21.29
INPATIENT CROSSOVERS	4	10	3,215.28	321.53	.000	803.82	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7,215	29,890	764,704.56	25.58	.443	105.99	11.34
MEDICAL	989	1,437	41,269.41	28.72	.021	41.73	.61
SURGERY	565	654	22,776.71	34.83	.010	40.31	.34
PATHOLOGY	3,336	12,906	175,657.37	13.61	.191	52.66	2.60
RADIOLOGY	1,897	2,530	162,279.84	64.14	.038	85.55	2.41
ROOM USE	4,716	6,463	248,196.01	38.40	.096	52.63	3.68
CROSSOVERS/ALL OTH OUTPTNT	2,549	5,900	114,525.22	19.41	.087	44.93	1.70
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	270	7,158.33	26.51	.004	1431.67	.11
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	270	7,158.33	26.51	.004	1431.67	.11
@REHABILITATION FACILITY	21	141	2,887.64	20.48	.002	137.51	.04
HOSPITAL BASED	2	3	208.86	69.62	.000	104.43	.00
INDEPENDENT FACILITY	19	138	2,678.78	19.41	.002	140.99	.04
@LABORATORY FACILITY	870	2,534	46,197.12	18.23	.038	53.10	.68
PATHOLOGY	870	2,534	46,197.12	18.23	.038	53.10	.68
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,680	7,013	669,920.08	95.53	.104	182.04	9.93
CLINIC	698	2,170	41,492.62	19.12	.032	59.45	.62
SURGICENTER	62	409	14,163.40	34.63	.006	228.44	.21
HEROIN DETOX CLINIC	2	14	175.95	12.57	.000	87.98	.00
RURAL HEALTH CLINIC	2,936	4,420	614,088.11	138.93	.066	209.16	9.10

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

PAGE 2,728 01/29/04

	67,454 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,167	15,336	\$	169,725.72	\$ 11.07	.227	\$ 78.32	\$ 2.52
DURABLE MED. EQUIP.	54	139		20,216.03	145.44	.002	374.37	.30
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	441	5,327		76,003.29	14.27	.079	172.34	1.13
AMBULANCES/AIR TRANS	437	5,260		59,180.40	11.25	.078	135.42	.88
OTHER TRANS	1	21		56.51	2.69	.000	56.51	.00
OTHER SERVICES	11	46		16,766.38	364.49	.001	1524.22	.25
ACUPUNCTURE	2	4		75.69	18.92	.000	37.85	.00

ADULT DAY HEALTH CARE CTR	1	5	347.90	69.58	.000	347.90	.01
GENETIC DISEASE TESTING	127	128	13,165.50	102.86	.002	103.67	.20
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	586	1,241	11,362.07	9.16	.018	19.39	.17
PHYSICAL THERAPIST	1	6	99.75	16.63	.000	99.75	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	23	30	1,829.91	61.00	.000	79.56	.03
PROSTHETICS	23	30	1,829.91	61.00	.000	79.56	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	17	2,857.11	168.07	.000	476.19	.04
HOSPICE SERVICES	1	3	403.89	134.63	.000	403.89	.01
NONINST BIRTHING CENTERS	0	0	78.64	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	907	3,983	38,745.02	9.73	.059	42.72	.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	43	4,453	4,540.92	1.02	.066	105.60	.07
@CALIF. CHILDREN SERVICES*	165	3,833	\$ 291,098.21	\$ 75.95	.057	\$ 1764.23	\$ 4.32
@XOVER EXCLUDING STATE HOSP**	138	680	\$ 16,560.24	\$ 24.35	.010	\$ 120.00	\$.25

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,729
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL	

80,194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38,633	374,871	\$ 23,622,481.57	\$ 63.01	4.675	\$ 611.46	\$ 294.57
@PHYSICIANS SERVICES	13,337	31,531	\$ 1,468,171.20	\$ 46.56	.393	\$ 110.08	\$ 18.31
OUTPATIENT VISITS	8,793	11,546	489,912.75	42.43	.144	55.72	6.11
OFFICE VISITS	4,937	6,075	208,439.33	34.31	.076	42.22	2.60
HOME VISITS	1	1	80.10	80.10	.000	80.10	.00
EMERGENCY ROOM	3,445	3,979	209,615.16	52.68	.050	60.85	2.61
PREVENTIVE CARE	69	69	2,821.93	40.90	.001	40.90	.04
OB VISITS/COMPRI PERI	464	682	53,368.49	78.25	.009	115.02	.67
OTHER OUTPATIENT	608	740	15,587.74	21.06	.009	25.64	.19
INPATIENT VISITS	679	2,112	115,982.11	54.92	.026	170.81	1.45
HOSPITAL VISITS	636	1,749	76,427.01	43.70	.022	120.17	.95
CRITICAL CARE	50	330	38,464.12	116.56	.004	769.28	.48
SNF/ICF/TRANS IP CARE	25	33	1,090.98	33.06	.000	43.64	.01
OPHTHALMOLOGICAL SERVICES	91	112	4,907.48	43.82	.001	53.93	.06
EXAMINATIONS	79	95	4,446.48	46.81	.001	56.28	.06
SERVICES AND MATERIALS	17	17	461.00	27.12	.000	27.12	.01
INPATIENT HOSPITAL SURGERY	646	2,539	365,766.63	144.06	.032	566.20	4.56
PRINCIPAL SURGEON	469	613	313,480.19	511.39	.008	668.40	3.91
ASSISTANT SURGEON	67	69	12,754.68	184.85	.001	190.37	.16
ANESTHESIOLOGIST	186	1,857	39,531.76	21.29	.023	212.54	.49
OUTPATIENT SURGERY	1,022	2,614	167,408.72	64.04	.033	163.81	2.09
PRINCIPAL SURGEON	864	1,143	134,865.50	117.99	.014	156.09	1.68
ASSISTANT SURGEON	6	6	654.67	109.11	.000	109.11	.01
ANESTHESIOLOGIST	228	1,465	31,888.55	21.77	.018	139.86	.40
DIALYSIS	4	21	932.48	44.40	.000	233.12	.01
PATHOLOGY	1,451	2,076	42,782.67	20.61	.026	29.48	.53
RADIOLOGY	2,164	3,302	136,937.16	41.47	.041	63.28	1.71
PSYCHIATRY	1	6	87.54	14.59	.000	87.54	.00
IMMUNIZATION AND INJECTION	260	571	20,035.57	35.09	.007	77.06	.25
OTHER SERVICES/ALL X-OVERS	2,607	6,632	123,418.09	18.61	.083	47.34	1.54

@PHARMACY	21,729	101,681	\$	4,703,184.39	\$	46.25	1.268	\$	216.45	\$	58.65
PRESCRIPTION DRUGS	21,549	68,353		4,601,644.10		67.32	.852		213.54		57.38
SNF/ICF	2,822	17,984		854,660.81		47.52	.224		302.86		10.66
OUTPATIENTS	18,784	50,369		3,746,983.29		74.39	.628		199.48		46.72
MEDICAL SUPPLIES	1,045	33,328		101,540.29		3.05	.416		97.17		1.27
@DENTIST	4,532	20,184	\$	864,797.88	\$	42.85	.252	\$	190.82	\$	10.78
VISITS - DIAGNOSTIC	2,999	11,454		176,834.92		15.44	.143		58.96		2.21
ORAL SURGERY	638	1,271		71,692.75		56.41	.016		112.37		.89
DRUGS	39	48		1,090.00		22.71	.001		27.95		.01
ANESTHESIA	12	12		1,025.00		85.42	.000		85.42		.01
PERIODONTICS	257	268		28,790.00		107.43	.003		112.02		.36
ENDODONTICS	427	716		135,178.08		188.80	.009		316.58		1.69
RESTORATIVE DENTISTRY	1,732	5,471		372,942.73		68.17	.068		215.32		4.65
PROSTHETICS	15	16		430.00		26.88	.000		28.67		.01
DENTURES, STAYPLATES	186	658		62,261.02		94.62	.008		334.74		.78
SPACE MAINTAINERS	32	36		3,520.00		97.78	.000		110.00		.04

MAXILLOFACIAL SERVICES	8	8	1,550.00	193.75	.000	193.75	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	68	96	8,658.38	90.19	.001	127.33	.11
ALL OTHER SERVICES	105	130	825.00	6.35	.002	7.86	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,730
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

80,194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	996	2,979	\$ 64,122.08	\$ 21.52	.037	\$ 64.38	\$.80
DIAGNOSTIC AND ANC. PROCED	612	617	28,398.93	46.03	.008	46.40	.35
EYE APPLIANCES	801	2,285	34,069.25	14.91	.028	42.53	.42
OTHER OPTOMETRIC SERVICES	56	77	1,653.90	21.48	.001	29.53	.02
@CHIROPRACTOR	29	75	\$ 1,249.82	\$ 16.66	.001	\$ 43.10	\$.02
VISITS	29	75	1,249.82	16.66	.001	43.10	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	390	415	\$ 5,005.01	\$ 12.06	.005	\$ 12.83	\$.06
MEDICINE/INJECTIONS	17	21	761.45	36.26	.000	44.79	.01
SURGERY/ANES.	2	3	110.99	37.00	.000	55.50	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	373	390	4,115.27	10.55	.005	11.03	.05
@HOME HEALTH AGENCY	109	6,810	\$ 207,552.87	\$ 30.48	.085	\$ 1904.15	\$ 2.59
NURSE ANESTHESIST	7	42	\$ 400.37	\$ 9.53	.001	\$ 57.20	\$.00
NURSE MIDWIFE	2	2	\$ 62.34	\$ 31.17	.000	\$ 31.17	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	9	15	\$ 538.95	\$ 35.93	.000	\$ 59.88	\$.01
@TOTAL HOSPITAL	9,040	40,902	\$ 4,728,977.08	\$ 115.62	.510	\$ 523.12	\$ 58.97
HOSP INPATIENT TOTAL	793	3,149	3,812,938.87	1210.84	.039	4808.25	47.55
HSC HOSPITALS	127	787	1,016,862.37	1292.07	.010	8006.79	12.68
NON-HSC HOSPITAL TOTAL	517	1,813	2,678,843.52	1477.58	.023	5181.52	33.40
ACCOMMODATIONS	503	1,813	901,889.68	497.46	.023	1793.02	11.25
ADMINISTRATIVE DAYS	3	45	9,945.90	221.02	.001	3315.30	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	501	1,768	891,943.78	504.49	.022	1780.33	11.12
ANCILLARIES	517	0	1,776,953.84	.00	.000	3437.05	22.16
INPATIENT CROSSOVERS	157	549	117,232.98	213.54	.007	746.71	1.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8,633	37,753	916,038.21	24.26	.471	106.11	11.42
MEDICAL	1,081	1,608	46,997.79	29.23	.020	43.48	.59
SURGERY	597	691	24,764.51	35.84	.009	41.48	.31
PATHOLOGY	3,592	14,672	196,055.47	13.36	.183	54.58	2.44
RADIOLOGY	2,032	2,729	178,453.50	65.39	.034	87.82	2.23
ROOM USE	4,911	6,775	259,859.31	38.36	.084	52.91	3.24
CROSSOVERS/ALL OTH OUTPTNT	3,662	11,278	209,907.63	18.61	.141	57.32	2.62
@COUNTY HOSPITAL TOTAL	25	132	\$ 58,343.87	\$ 442.00	.002	\$ 2333.75	\$.73
CO HOSPITAL INPATIENT TOTAL	5	49	54,490.05	1112.04	.001	10898.01	.68
HSC HOSPITALS	5	49	54,490.05	1112.04	.001	10898.01	.68
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	21	83	3,853.82	46.43	.001	183.52	.05
MEDICAL	5	7	327.71	46.82	.000	65.54	.00
SURGERY	5	6	622.16	103.69	.000	124.43	.01
PATHOLOGY	7	26	416.99	16.04	.000	59.57	.01

RADIOLOGY	3	4	679.72	169.93	.000	226.57	.01
ROOM USE	14	19	895.03	47.11	.000	63.93	.01
CROSSOVERS/ALL OTH OUTPTNT	8	21	912.21	43.44	.000	114.03	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,731
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
80,194 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	9,019	40,770	\$ 4,670,633.21	\$ 114.56	.508	\$ 517.87	\$ 58.24
COMM HOSP INPATIENT TOTAL	788	3,100	3,758,448.82	1212.40	.039	4769.61	46.87
HSC HOSPITALS	122	738	962,372.32	1304.03	.009	7888.30	12.00
NON-HSC HOSPITALS TOTAL	517	1,813	2,678,843.52	1477.58	.023	5181.52	33.40
ACCOMMODATIONS	503	1,813	901,889.68	497.46	.023	1793.02	11.25
ADMINISTRATIVE DAYS	3	45	9,945.90	221.02	.001	3315.30	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	501	1,768	891,943.78	504.49	.022	1780.33	11.12
ANCILLARIES	517	0	1,776,953.84	.00	.000	3437.05	22.16
INPATIENT CROSSOVERS	157	549	117,232.98	213.54	.007	746.71	1.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,616	37,670	912,184.39	24.22	.470	105.87	11.37
MEDICAL	1,076	1,601	46,670.08	29.15	.020	43.37	.58
SURGERY	592	685	24,142.35	35.24	.009	40.78	.30
PATHOLOGY	3,586	14,646	195,638.48	13.36	.183	54.56	2.44
RADIOLOGY	2,029	2,725	177,773.78	65.24	.034	87.62	2.22
ROOM USE	4,900	6,756	258,964.28	38.33	.084	52.85	3.23
CROSSOVERS/ALL OTH OUTPTNT	3,655	11,257	208,995.42	18.57	.140	57.18	2.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,913	94,472	\$ 10,176,258.08	\$ 107.72	1.178	\$ 3493.39	\$ 126.90
LEV A-INTERMEDIATE	76	2,448	120,458.80	49.21	.031	1584.98	1.50
LEV B-REHAB MD	31	985	95,738.84	97.20	.012	3088.35	1.19
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,808	91,039	9,960,060.44	109.40	1.135	3547.03	124.20
@INTERMEDIATE CARE FACIL.-DD	24	722	\$ 87,547.07	\$ 121.26	.009	\$ 3647.79	\$ 1.09
ICF DDH	12	365	48,810.17	133.73	.005	4067.51	.61
ICF DD	12	357	38,736.90	108.51	.004	3228.08	.48
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	45	328	\$ 40,110.04	\$ 122.29	.004	\$ 891.33	\$.50
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	45	328	40,110.04	122.29	.004	891.33	.50
@REHABILITATION FACILITY	41	435	\$ 8,098.61	\$ 18.62	.005	\$ 197.53	\$.10
HOSPITAL BASED	2	3	208.86	69.62	.000	104.43	.00
INDEPENDENT FACILITY	39	432	7,889.75	18.26	.005	202.30	.10
@LABORATORY FACILITY	938	2,937	\$ 51,089.66	\$ 17.40	.037	\$ 54.47	\$.64
PATHOLOGY	927	2,894	50,982.04	17.62	.036	55.00	.64
XO AND OTHERS	11	43	107.62	2.50	.001	9.78	.00
@ORGANIZED OUTPATIENT CLINIC	4,014	7,620	\$ 719,253.41	\$ 94.39	.095	\$ 179.19	\$ 8.97
CLINIC	707	2,182	41,857.38	19.18	.027	59.20	.52
SURGICENTER	98	484	21,583.02	44.59	.006	220.23	.27
HEROIN DETOX CLINIC	2	14	175.95	12.57	.000	87.98	.00
RURAL HEALTH CLINIC	3,226	4,940	655,637.06	132.72	.062	203.24	8.18

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,732
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
80,194 ELIGIBLES							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3,452	63,721	\$	496,062.71	\$ 7.78	.795	\$ 143.70	\$ 6.19
DURABLE MED. EQUIP.	191	898		91,204.51	101.56	.011	477.51	1.14
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13	17		2,348.68	138.16	.000	180.67	.03
MEDICAL TRANSPORTATION	691	9,900		102,962.63	10.40	.123	149.01	1.28
AMBULANCES/AIR TRANS	520	6,096		69,452.33	11.39	.076	133.56	.87
OTHER TRANS	114	3,044		9,691.08	3.18	.038	85.01	.12
OTHER SERVICES	74	760		23,819.22	31.34	.009	321.88	.30
ACUPUNCTURE	2	4		75.69	18.92	.000	37.85	.00
ADULT DAY HEALTH CARE CTR	1	5		347.90	69.58	.000	347.90	.00
GENETIC DISEASE TESTING	127	128		13,165.50	102.86	.002	103.67	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	81	478		40,484.54	84.70	.006	499.81	.50
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	806	1,711		16,970.13	9.92	.021	21.05	.21
PHYSICAL THERAPIST	1	6		99.75	16.63	.000	99.75	.00
PORTABLE X-RAY	57	124		821.18	6.62	.002	14.41	.01
PROSTHETIST/ORTHOTISTS	38	62		3,687.87	59.48	.001	97.05	.05
PROSTHETICS	38	62		3,687.87	59.48	.001	97.05	.05
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	11	11		174.38	15.85	.000	15.85	.00
SPEECH AND AUDIOLOGY	44	112		11,747.75	104.89	.001	266.99	.15
HOSPICE SERVICES	41	1,360		108,508.63	79.79	.017	2646.55	1.35
NONINST BIRTHING CENTERS	0	0		78.64	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,016	10,453		69,282.63	6.63	.130	68.19	.86
EPSDT SUPPLEMENTAL SERVICE	1	4		117.64	29.41	.000	117.64	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	428	38,448		33,984.66	.88	.479	79.40	.42
@CALIF. CHILDREN SERVICES*	219	6,733	\$	329,392.42	\$ 48.92	.084	\$ 1504.07	\$ 4.11
@XOVER EXCLUDING STATE HOSP**	3,126	21,572	\$	409,124.03	\$ 18.97	.269	\$ 130.88	\$ 5.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,733
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	3,833 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,704	20,408	\$	649,913.32	\$ 31.85	5.324	\$ 381.40	\$ 169.56
@PHYSICIANS SERVICES	664	1,687	\$	67,172.15	\$ 39.82	.440	\$ 101.16	\$ 17.52
OUTPATIENT VISITS	488	638		27,735.41	43.47	.166	56.83	7.24
OFFICE VISITS	250	301		10,392.58	34.53	.079	41.57	2.71
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	233	284		15,191.90	53.49	.074	65.20	3.96
PREVENTIVE CARE	3	3		142.53	47.51	.001	47.51	.04
OB VISITS/COMPRE PERI	11	12		1,139.87	94.99	.003	103.62	.30
OTHER OUTPATIENT	34	38		868.53	22.86	.010	25.55	.23
INPATIENT VISITS	25	69		3,581.48	51.91	.018	143.26	.93
HOSPITAL VISITS	22	63		2,921.68	46.38	.016	132.80	.76
CRITICAL CARE	3	6		659.80	109.97	.002	219.93	.17
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	5		196.48	39.30	.001	65.49	.05
EXAMINATIONS	3	5		196.48	39.30	.001	65.49	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	136		9,112.08	67.00	.035	455.60	2.38
PRINCIPAL SURGEON	11	20		6,501.30	325.07	.005	591.03	1.70
ASSISTANT SURGEON	2	2		308.61	154.31	.001	154.31	.08
ANESTHESIOLOGIST	11	114		2,302.17	20.19	.030	209.29	.60

OUTPATIENT SURGERY	71	161		11,976.15	74.39	.042	168.68	3.12
PRINCIPAL SURGEON	64	82		10,567.85	128.88	.021	165.12	2.76
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	79		1,408.30	17.83	.021	176.04	.37
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	74	97		1,784.40	18.40	.025	24.11	.47
RADIOLOGY	154	258		6,877.93	26.66	.067	44.66	1.79
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	13		2,350.57	180.81	.003	195.88	.61
OTHER SERVICES/ALL X-OVERS	61	310		3,557.65	11.48	.081	58.32	.93
@PHARMACY	803	1,836	\$	103,692.15	\$ 56.48	.479	\$ 129.13	\$ 27.05
PRESCRIPTION DRUGS	800	1,806		102,637.13	56.83	.471	128.30	26.78
SNF/ICF	10	47		5,095.91	108.42	.012	509.59	1.33
OUTPATIENTS	791	1,759		97,541.22	55.45	.459	123.31	25.45
MEDICAL SUPPLIES	19	30		1,055.02	35.17	.008	55.53	.28
@DENTIST	227	1,132	\$	48,366.67	\$ 42.73	.295	\$ 213.07	\$ 12.62
VISITS - DIAGNOSTIC	141	631		9,403.00	14.90	.165	66.69	2.45
ORAL SURGERY	34	81		7,251.00	89.52	.021	213.26	1.89
DRUGS	1	1		25.00	25.00	.000	25.00	.01
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.03
PERIODONTICS	4	4		365.00	91.25	.001	91.25	.10
ENDODONTICS	19	45		8,420.00	187.11	.012	443.16	2.20
RESTORATIVE DENTISTRY	91	333		21,343.00	64.09	.087	234.54	5.57
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	5		242.00	48.40	.001	242.00	.06
SPACE MAINTAINERS	4	4		351.00	87.75	.001	87.75	.09
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	1		140.00	140.00	.000	140.00	.04
ORTHODONTIC SERVICES	10	12		651.67	54.31	.003	65.17	.17
ALL OTHER SERVICES	8	14		75.00	5.36	.004	9.38	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,734
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

3,833 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	39	103	\$ 2,416.45	\$ 23.46	.027 \$ 61.96 \$.63
DIAGNOSTIC AND ANC. PROCED	29	29	1,311.68	45.23	.008 45.23 .34
EYE APPLIANCES	27	73	1,080.77	14.81	.019 40.03 .28
OTHER OPTOMETRIC SERVICES	1	1	24.00	24.00	.000 24.00 .01
@CHIROPRACTOR	0	0	.00	.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	.00	.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	11	194	\$ 6,553.79	\$ 33.78	.051 \$ 595.80 \$ 1.71
NURSE ANESTHESIST	1	9	137.97	15.33	.002 \$ 137.97 \$.04
NURSE MIDWIFE	0	0	.00	.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	409	2,140	\$ 362,244.52	\$ 169.27	.558 \$ 885.68 \$ 94.51
HOSP INPATIENT TOTAL	28	141	309,285.83	2193.52	.037 11045.92 80.69
HSC HOSPITALS	7	33	37,726.00	1143.21	.009 5389.43 9.84
NON-HSC HOSPITAL TOTAL	22	108	271,559.83	2514.44	.028 12343.63 70.85
ACCOMMODATIONS	21	108	60,834.96	563.29	.028 2896.90 15.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00

ALL OTHER ACCOM	21	108	60,834.96	563.29	.028	2896.90	15.87
ANCILLARIES	22	0	210,724.87	.00	.000	9578.40	54.98
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	397	1,999	52,958.69	26.49	.522	133.40	13.82
MEDICAL	68	91	1,549.05	17.02	.024	22.78	.40
SURGERY	43	51	1,655.17	32.45	.013	38.49	.43
PATHOLOGY	176	796	11,135.82	13.99	.208	63.27	2.91
RADIOLOGY	148	222	12,716.90	57.28	.058	85.93	3.32
ROOM USE	302	407	16,159.77	39.70	.106	53.51	4.22
CROSSOVERS/ALL OTH OUTPTNT	178	432	9,741.98	22.55	.113	54.73	2.54
@COUNTY HOSPITAL TOTAL	4	14	\$ 423.20	\$ 30.23	.004	\$ 105.80	\$.11
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	14	423.20	30.23	.004	105.80	.11
MEDICAL	2	2	48.18	24.09	.001	24.09	.01
SURGERY	2	2	58.78	29.39	.001	29.39	.02
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	67.74	22.58	.001	33.87	.02
ROOM USE	2	3	201.50	67.17	.001	100.75	.05
CROSSOVERS/ALL OTH OUTPTNT	1	4	47.00	11.75	.001	47.00	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,735
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

3,833 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	405	2,126	\$ 361,821.32	\$ 170.19	.555	\$ 893.39	\$ 94.40
COMM HOSP INPATIENT TOTAL	28	141	309,285.83	2193.52	.037	11045.92	80.69
HSC HOSPITALS	7	33	37,726.00	1143.21	.009	5389.43	9.84
NON-HSC HOSPITALS TOTAL	22	108	271,559.83	2514.44	.028	12343.63	70.85
ACCOMMODATIONS	21	108	60,834.96	563.29	.028	2896.90	15.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	108	60,834.96	563.29	.028	2896.90	15.87
ANCILLARIES	22	0	210,724.87	.00	.000	9578.40	54.98
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	393	1,985	52,535.49	26.47	.518	133.68	13.71
MEDICAL	66	89	1,500.87	16.86	.023	22.74	.39
SURGERY	41	49	1,596.39	32.58	.013	38.94	.42
PATHOLOGY	176	796	11,135.82	13.99	.208	63.27	2.91
RADIOLOGY	146	219	12,649.16	57.76	.057	86.64	3.30
ROOM USE	300	404	15,958.27	39.50	.105	53.19	4.16
CROSSOVERS/ALL OTH OUTPTNT	177	428	9,694.98	22.65	.112	54.77	2.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	60	142	\$ 3,068.80	\$ 21.61	.037	\$ 51.15	\$.80
PATHOLOGY	60	142	3,068.80	21.61	.037	51.15	.80
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	221	429	\$	36,252.00	\$	84.50	.112	\$	164.04	\$	9.46
CLINIC	44	171		2,826.84		16.53	.045		64.25		.74
SURGICENTER	3	10		333.34		33.33	.003		111.11		.09
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	176	248		33,091.82		133.43	.065		188.02		8.63

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,736
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

3,833 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	123	12,736	\$ 20,008.82	\$ 1.57	3.323	\$ 162.67	\$ 5.22
DURABLE MED. EQUIP.	8	16	3,169.43	198.09	.004	396.18	.83
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	32	395	8,796.24	22.27	.103	274.88	2.29
AMBULANCES/AIR TRANS	32	393	5,196.24	13.22	.103	162.38	1.36
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.001	1800.00	.94
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	262.50	87.50	.001	87.50	.07
IHMC,MODEL-NF,NF,AIDS,MSSP	4	6	56.46	9.41	.002	14.12	.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	30	60	559.71	9.33	.016	18.66	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	35	555	3,694.61	6.66	.145	105.56	.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	11,701	3,469.87	.30	3.053	266.91	.91
@CALIF. CHILDREN SERVICES*	18	112	\$ 48,509.76	\$ 433.12	.029	\$ 2694.99	\$ 12.66
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,737
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	AID CODE 83

74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	144	911	\$ 98,758.21	\$ 108.41	12.311	\$ 685.82	\$ 1334.57
@PHYSICIANS SERVICES	87	448	\$ 14,660.12	\$ 32.72	6.054	\$ 168.51	\$ 198.11
OUTPATIENT VISITS	40	41	2,199.29	53.64	.554	54.98	29.72
OFFICE VISITS	8	8	376.82	47.10	.108	47.10	5.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	31	32	1,801.54	56.30	.432	58.11	24.35
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	20.93	20.93	.014	20.93	.28
INPATIENT VISITS	6	24	1,078.71	44.95	.324	179.79	14.58

HOSPITAL VISITS	6	24		1,078.71		44.95	.324	179.79	14.58								
CRITICAL CARE	0	0		.00		.00	.000	.00	.00								
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00								
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00								
EXAMINATIONS	0	0		.00		.00	.000	.00	.00								
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00								
INPATIENT HOSPITAL SURGERY	16	207		5,999.64		28.98	2.797	374.98	81.08								
PRINCIPAL SURGEON	8	19		3,222.66		169.61	.257	402.83	43.55								
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00								
ANESTHESIOLOGIST	11	188		2,776.98		14.77	2.541	252.45	37.53								
OUTPATIENT SURGERY	18	82		2,783.33		33.94	1.108	154.63	37.61								
PRINCIPAL SURGEON	12	18		1,643.65		91.31	.243	136.97	22.21								
ASSISTANT SURGEON	1	1		13.54		13.54	.014	13.54	.18								
ANESTHESIOLOGIST	7	63		1,126.14		17.88	.851	160.88	15.22								
DIALYSIS	0	0		.00		.00	.000	.00	.00								
PATHOLOGY	7	7		240.27		34.32	.095	34.32	3.25								
RADIOLOGY	20	75		1,989.98		26.53	1.014	99.50	26.89								
PSYCHIATRY	0	0		.00		.00	.000	.00	.00								
IMMUNIZATION AND INJECTION	1	1		5.45		5.45	.014	5.45	.07								
OTHER SERVICES/ALL X-OVERS	10	11		363.45		33.04	.149	36.35	4.91								
@PHARMACY	11	30	\$	1,055.45	\$	35.18	.405	95.95	14.26								
PRESCRIPTION DRUGS	11	30		1,055.45		35.18	.405	95.95	14.26								
SNF/ICF	0	0		.00		.00	.000	.00	.00								
OUTPATIENTS	11	30		1,055.45		35.18	.405	95.95	14.26								
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00								
@DENTIST	10	79	\$	2,357.00	\$	29.84	1.068	235.70	31.85								
VISITS - DIAGNOSTIC	6	44		216.00		4.91	.595	36.00	2.92								
ORAL SURGERY	3	8		918.00		114.75	.108	306.00	12.41								
DRUGS	0	0		.00		.00	.000	.00	.00								
ANESTHESIA	0	0		.00		.00	.000	.00	.00								
PERIODONTICS	0	0		.00		.00	.000	.00	.00								
ENDODONTICS	2	5		908.00		181.60	.068	454.00	12.27								
RESTORATIVE DENTISTRY	4	22		315.00		14.32	.297	78.75	4.26								
PROSTHETICS	0	0		.00		.00	.000	.00	.00								
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00								
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00								
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00								
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00								
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00								
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,738								
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04								
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MIC - SOC																
AID CODE 83																	
----- MONTHLY AVERAGE -----																	
74 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER								
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE								
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00						
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00								
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00								
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00								
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$	.00						
VISITS	0	0		.00	.00	.000	.00		.00								
OTHER SERVICES	0	0		.00	.00	.000	.00		.00								
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00						
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00								
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00								
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00								
OTHER	0	0		.00	.00	.000	.00		.00								
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$	.00						
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00						

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	56	281	\$	77,081.45	\$	274.31	3.797	\$	1376.45	\$	1041.64
HOSP INPATIENT TOTAL	8	26		70,838.45		2724.56	.351		8854.81		957.28
HSC HOSPITALS	1	7		7,550.00		1078.57	.095		7550.00		102.03
NON-HSC HOSPITAL TOTAL	7	19		63,288.45		3330.97	.257		9041.21		855.25
ACCOMMODATIONS	7	19		14,353.62		755.45	.257		2050.52		193.97
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	19		14,353.62		755.45	.257		2050.52		193.97
ANCILLARIES	7	0		48,934.83		.00	.000		6990.69		661.28
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	51	255		6,243.00		24.48	3.446		122.41		84.36
MEDICAL	8	13		208.40		16.03	.176		26.05		2.82
SURGERY	11	11		334.33		30.39	.149		30.39		4.52
PATHOLOGY	22	81		875.39		10.81	1.095		39.79		11.83
RADIOLOGY	24	33		2,076.81		62.93	.446		86.53		28.07
ROOM USE	40	54		2,039.09		37.76	.730		50.98		27.56
CROSSOVERS/ALL OTH OUTPTNT	29	63		708.98		11.25	.851		24.45		9.58
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

	74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	56	281	\$	77,081.45	\$ 274.31	3.797	\$ 1376.45	\$ 1041.64
COMM HOSP INPATIENT TOTAL	8	26		70,838.45	2724.56	.351	8854.81	957.28
HSC HOSPITALS	1	7		7,550.00	1078.57	.095	7550.00	102.03
NON-HSC HOSPITALS TOTAL	7	19		63,288.45	3330.97	.257	9041.21	855.25
ACCOMMODATIONS	7	19		14,353.62	755.45	.257	2050.52	193.97
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	19		14,353.62	755.45	.257	2050.52	193.97
ANCILLARIES	7	0		48,934.83	.00	.000	6990.69	661.28
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	51	255		6,243.00	24.48	3.446	122.41	84.36
MEDICAL	8	13		208.40	16.03	.176	26.05	2.82
SURGERY	11	11		334.33	30.39	.149	30.39	4.52
PATHOLOGY	22	81		875.39	10.81	1.095	39.79	11.83

RADIOLOGY	24	33		2,076.81		62.93	.446	86.53	28.07
ROOM USE	40	54		2,039.09		37.76	.730	50.98	27.56
CROSSOVERS/ALL OTH OUTPTNT	29	63		708.98		11.25	.851	24.45	9.58
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	5	\$	43.09	\$	8.62	.068	\$ 21.55	\$.58
PATHOLOGY	2	5		43.09		8.62	.068	21.55	.58
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	8	\$	761.61	\$	95.20	.108	\$ 152.32	\$ 10.29
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	2	5		231.83		46.37	.068	115.92	3.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3		529.78		176.59	.041	176.59	7.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,740
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MIC - SOC								AID CODE 83

74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	60	\$ 2,799.49	\$ 46.66	.811	\$ 279.95	\$ 37.83
DURABLE MED. EQUIP.	1	2	38.26	19.13	.027	38.26	.52
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	52	2,689.95	51.73	.703	336.24	36.35
AMBULANCES/AIR TRANS	8	51	889.95	17.45	.689	111.24	12.03
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.014	1800.00	24.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	6	71.28	11.88	.081	71.28	.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,741
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL								

3,907 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	1,848	21,319	\$	748,671.53	\$	35.12	5.457	\$	405.13	\$	191.62
@PHYSICIANS SERVICES	751	2,135	\$	81,832.27	\$	38.33	.546	\$	108.96	\$	20.95
OUTPATIENT VISITS	528	679		29,934.70		44.09	.174		56.69		7.66
OFFICE VISITS	258	309		10,769.40		34.85	.079		41.74		2.76
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	264	316		16,993.44		53.78	.081		64.37		4.35
PREVENTIVE CARE	3	3		142.53		47.51	.001		47.51		.04
OB VISITS/COMPRE PERI	11	12		1,139.87		94.99	.003		103.62		.29
OTHER OUTPATIENT	35	39		889.46		22.81	.010		25.41		.23
INPATIENT VISITS	31	93		4,660.19		50.11	.024		150.33		1.19
HOSPITAL VISITS	28	87		4,000.39		45.98	.022		142.87		1.02
CRITICAL CARE	3	6		659.80		109.97	.002		219.93		.17
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	3	5		196.48		39.30	.001		65.49		.05
EXAMINATIONS	3	5		196.48		39.30	.001		65.49		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	36	343		15,111.72		44.06	.088		419.77		3.87
PRINCIPAL SURGEON	19	39		9,723.96		249.33	.010		511.79		2.49
ASSISTANT SURGEON	2	2		308.61		154.31	.001		154.31		.08
ANESTHESIOLOGIST	22	302		5,079.15		16.82	.077		230.87		1.30
OUTPATIENT SURGERY	89	243		14,759.48		60.74	.062		165.84		3.78
PRINCIPAL SURGEON	76	100		12,211.50		122.12	.026		160.68		3.13
ASSISTANT SURGEON	1	1		13.54		13.54	.000		13.54		.00
ANESTHESIOLOGIST	15	142		2,534.44		17.85	.036		168.96		.65
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	81	104		2,024.67		19.47	.027		25.00		.52
RADIOLOGY	174	333		8,867.91		26.63	.085		50.97		2.27
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	13	14		2,356.02		168.29	.004		181.23		.60
OTHER SERVICES/ALL X-OVERS	71	321		3,921.10		12.22	.082		55.23		1.00
@PHARMACY	814	1,866	\$	104,747.60	\$	56.13	.478	\$	128.68	\$	26.81
PRESCRIPTION DRUGS	811	1,836		103,692.58		56.48	.470		127.86		26.54
SNF/ICF	10	47		5,095.91		108.42	.012		509.59		1.30
OUTPATIENTS	802	1,789		98,596.67		55.11	.458		122.94		25.24
MEDICAL SUPPLIES	19	30		1,055.02		35.17	.008		55.53		.27
@DENTIST	237	1,211	\$	50,723.67	\$	41.89	.310	\$	214.02	\$	12.98
VISITS - DIAGNOSTIC	147	675		9,619.00		14.25	.173		65.44		2.46
ORAL SURGERY	37	89		8,169.00		91.79	.023		220.78		2.09
DRUGS	1	1		25.00		25.00	.000		25.00		.01
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.03
PERIODONTICS	4	4		365.00		91.25	.001		91.25		.09
ENDODONTICS	21	50		9,328.00		186.56	.013		444.19		2.39
RESTORATIVE DENTISTRY	95	355		21,658.00		61.01	.091		227.98		5.54
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	5		242.00		48.40	.001		242.00		.06
SPACE MAINTAINERS	4	4		351.00		87.75	.001		87.75		.09
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	1	1		140.00		140.00	.000		140.00		.04
ORTHODONTIC SERVICES	10	12		651.67		54.31	.003		65.17		.17
ALL OTHER SERVICES	8	14		75.00		5.36	.004		9.38		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,742
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL										
							----- MONTHLY AVERAGE -----				
3,907 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER		
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE		
@OPTOMETRIST	39	103	\$	2,416.45	\$ 23.46	.026	\$ 61.96	\$	.62		
DIAGNOSTIC AND ANC. PROCED	29	29		1,311.68	45.23	.007	45.23		.34		
EYE APPLIANCES	27	73		1,080.77	14.81	.019	40.03		.28		
OTHER OPTOMETRIC SERVICES	1	1		24.00	24.00	.000	24.00		.01		

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	11	194	\$	6,553.79	\$	33.78	.050	\$	595.80	\$	1.68
NURSE ANESTHESIST	1	9	\$	137.97	\$	15.33	.002	\$	137.97	\$	.04
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	465	2,421	\$	439,325.97	\$	181.46	.620	\$	944.79	\$	112.45
HOSP INPATIENT TOTAL	36	167		380,124.28		2276.19	.043		10559.01		97.29
HSC HOSPITALS	8	40		45,276.00		1131.90	.010		5659.50		11.59
NON-HSC HOSPITAL TOTAL	29	127		334,848.28		2636.60	.033		11546.49		85.70
ACCOMMODATIONS	28	127		75,188.58		592.04	.033		2685.31		19.24
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	28	127		75,188.58		592.04	.033		2685.31		19.24
ANCILLARIES	29	0		259,659.70		.00	.000		8953.78		66.46
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	448	2,254		59,201.69		26.27	.577		132.15		15.15
MEDICAL	76	104		1,757.45		16.90	.027		23.12		.45
SURGERY	54	62		1,989.50		32.09	.016		36.84		.51
PATHOLOGY	198	877		12,011.21		13.70	.224		60.66		3.07
RADIOLOGY	172	255		14,793.71		58.01	.065		86.01		3.79
ROOM USE	342	461		18,198.86		39.48	.118		53.21		4.66
CROSSOVERS/ALL OTH OUTPTNT	207	495		10,450.96		21.11	.127		50.49		2.67
@COUNTY HOSPITAL TOTAL	4	14	\$	423.20	\$	30.23	.004	\$	105.80	\$	.11
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	14		423.20		30.23	.004		105.80		.11
MEDICAL	2	2		48.18		24.09	.001		24.09		.01
SURGERY	2	2		58.78		29.39	.001		29.39		.02
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	3		67.74		22.58	.001		33.87		.02
ROOM USE	2	3		201.50		67.17	.001		100.75		.05
CROSSOVERS/ALL OTH OUTPTNT	1	4		47.00		11.75	.001		47.00		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,743
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	3,907 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	461	2,407	\$	438,902.77	\$ 182.34	.616	\$ 952.07	\$ 112.34
COMM HOSP INPATIENT TOTAL	36	167		380,124.28	2276.19	.043	10559.01	97.29
HSC HOSPITALS	8	40		45,276.00	1131.90	.010	5659.50	11.59
NON-HSC HOSPITALS TOTAL	29	127		334,848.28	2636.60	.033	11546.49	85.70
ACCOMMODATIONS	28	127		75,188.58	592.04	.033	2685.31	19.24

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	28	127	75,188.58	592.04	.033	2685.31	19.24
ANCILLARIES	29	0	259,659.70	.00	.000	8953.78	66.46
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	444	2,240	58,778.49	26.24	.573	132.38	15.04
MEDICAL	74	102	1,709.27	16.76	.026	23.10	.44
SURGERY	52	60	1,930.72	32.18	.015	37.13	.49
PATHOLOGY	198	877	12,011.21	13.70	.224	60.66	3.07
RADIOLOGY	170	252	14,725.97	58.44	.064	86.62	3.77
ROOM USE	340	458	17,997.36	39.30	.117	52.93	4.61
CROSSOVERS/ALL OTH OUTPTNT	206	491	10,403.96	21.19	.126	50.50	2.66
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	62	147	\$ 3,111.89	\$ 21.17	.038	\$ 50.19	\$.80
PATHOLOGY	62	147	3,111.89	21.17	.038	50.19	.80
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	226	437	\$ 37,013.61	\$ 84.70	.112	\$ 163.78	\$ 9.47
CLINIC	44	171	2,826.84	16.53	.044	64.25	.72
SURGICENTER	5	15	565.17	37.68	.004	113.03	.14
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	179	251	33,621.60	133.95	.064	187.83	8.61

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,744
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

					----- MONTHLY AVERAGE -----			
3,907 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	133	12,796	\$ 22,808.31	\$ 1.78	3.275	\$ 171.49	\$ 5.84	
DURABLE MED. EQUIP.	9	18	3,207.69	178.21	.005	356.41	.82	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	40	447	11,486.19	25.70	.114	287.15	2.94	
AMBULANCES/AIR TRANS	40	444	6,086.19	13.71	.114	152.15	1.56	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	3	3	5,400.00	1800.00	.001	1800.00	1.38	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	3	3	262.50	87.50	.001	87.50	.07	
IHMC,MODEL-NF,NF,AIDS,MSSP	4	6	56.46	9.41	.002	14.12	.01	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	

OPTICIAN	30	60	559.71	9.33	.015	18.66	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	36	561	3,765.89	6.71	.144	104.61	.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	11,701	3,469.87	.30	2.995	266.91	.89
@CALIF. CHILDREN SERVICES*	18	112	\$ 48,509.76	\$ 433.12	.029	\$ 2694.99	\$ 12.42

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,745
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

MOP024
EL DORADO COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003				PAGE 2,748
MOP024			FEE-FOR-SERVICE/DENTAL				01/29/04
EL DORADO COUNTY			SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81				

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,749
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86	

42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	63	350	\$ 54,106.10	\$ 154.59	8.333	\$ 858.83	\$ 1288.24
@PHYSICIANS SERVICES	48	108	\$ 10,795.49	\$ 99.96	2.571	\$ 224.91	\$ 257.04
OUTPATIENT VISITS	17	23	1,464.63	63.68	.548	86.15	34.87
OFFICE VISITS	6	6	245.68	40.95	.143	40.95	5.85
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	9	563.41	62.60	.214	62.60	13.41
PREVENTIVE CARE	1	1	34.69	34.69	.024	34.69	.83
OB VISITS/COMPRE PERI	4	7	620.85	88.69	.167	155.21	14.78
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	9	383.86	42.65	.214	63.98	9.14
HOSPITAL VISITS	6	9	383.86	42.65	.214	63.98	9.14
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	27	6,941.51	257.09	.643	694.15	165.27
PRINCIPAL SURGEON	9	11	6,283.47	571.22	.262	698.16	149.61
ASSISTANT SURGEON	1	1	186.50	186.50	.024	186.50	4.44
ANESTHESIOLOGIST	2	15	471.54	31.44	.357	235.77	11.23
OUTPATIENT SURGERY	4	5	436.78	87.36	.119	109.20	10.40
PRINCIPAL SURGEON	4	4	388.33	97.08	.095	97.08	9.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	48.45	48.45	.024	48.45	1.15

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	17	391.18	23.01	.405	27.94	9.31
RADIOLOGY	11	15	868.54	57.90	.357	78.96	20.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	7	54.50	7.79	.167	27.25	1.30
OTHER SERVICES/ALL X-OVERS	5	5	254.49	50.90	.119	50.90	6.06
@PHARMACY	16	27	\$ 882.33	\$ 32.68	.643	\$ 55.15	\$ 21.01
PRESCRIPTION DRUGS	16	27	882.33	32.68	.643	55.15	21.01
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	16	27	882.33	32.68	.643	55.15	21.01
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	22	\$ 637.00	\$ 28.95	.524	\$ 159.25	\$ 15.17
VISITS - DIAGNOSTIC	3	19	211.00	11.11	.452	70.33	5.02
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	330.00	330.00	.024	330.00	7.86
RESTORATIVE DENTISTRY	1	2	96.00	48.00	.048	96.00	2.29
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,750
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	2	9	\$ 186.81	\$ 20.76	.214 \$ 93.41 \$ 4.45
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.048 47.45 2.26
EYE APPLIANCES	2	7	91.91	13.13	.167 45.96 2.19
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	.00	.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	32	166	\$ 40,794.72	\$ 245.75	3.952 \$ 1274.84 \$ 971.30
HOSP INPATIENT TOTAL	7	25	36,895.85	1475.83	.595 5270.84 878.47
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	7	25	36,895.85	1475.83	.595 5270.84 878.47
ACCOMMODATIONS	7	25	11,203.46	448.14	.595 1600.49 266.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	7	25	11,203.46	448.14	.595 1600.49 266.75
ANCILLARIES	7	0	25,692.39	.00	.000 3670.34 611.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
HOSP OUTPATIENT TOTAL	29	141	3,898.87	27.65	3.357 134.44 92.83
MEDICAL	2	2	168.00	84.00	.048 84.00 4.00
SURGERY	5	5	216.75	43.35	.119 43.35 5.16
PATHOLOGY	21	81	1,244.63	15.37	1.929 59.27 29.63
RADIOLOGY	9	12	1,165.10	97.09	.286 129.46 27.74
ROOM USE	14	23	830.22	36.10	.548 59.30 19.77
CROSSOVERS/ALL OTH OUTPTNT	10	18	274.17	15.23	.429 27.42 6.53
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,751
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						AID CODE 86
					----- MONTHLY AVERAGE -----		
42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	32	166	\$ 40,794.72	\$ 245.75	3.952	\$ 1274.84	\$ 971.30
COMM HOSP INPATIENT TOTAL	7	25	36,895.85	1475.83	.595	5270.84	878.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	7	25	36,895.85	1475.83	.595	5270.84	878.47
ACCOMMODATIONS	7	25	11,203.46	448.14	.595	1600.49	266.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	25	11,203.46	448.14	.595	1600.49	266.75
ANCILLARIES	7	0	25,692.39	.00	.000	3670.34	611.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	29	141	3,898.87	27.65	3.357	134.44	92.83
MEDICAL	2	2	168.00	84.00	.048	84.00	4.00
SURGERY	5	5	216.75	43.35	.119	43.35	5.16
PATHOLOGY	21	81	1,244.63	15.37	1.929	59.27	29.63
RADIOLOGY	9	12	1,165.10	97.09	.286	129.46	27.74
ROOM USE	14	23	830.22	36.10	.548	59.30	19.77
CROSSOVERS/ALL OTH OUTPTNT	10	18	274.17	15.23	.429	27.42	6.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	7	\$ 116.58	\$ 16.65	.167	\$ 23.32	\$ 2.78
PATHOLOGY	5	7	116.58	16.65	.167	23.32	2.78
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	7	\$ 659.89	\$ 94.27	.167	\$ 219.96	\$ 15.71
CLINIC	2	4	68.89	17.22	.095	34.45	1.64
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	4	\$ 33.28	\$ 8.32	.095	\$ 16.64	\$.79
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.095	16.64	.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	63	350	\$ 54,106.10	\$ 154.59	8.333	\$ 858.83	\$ 1288.24
@PHYSICIANS SERVICES	48	108	\$ 10,795.49	\$ 99.96	2.571	\$ 224.91	\$ 257.04
OUTPATIENT VISITS	17	23	1,464.63	63.68	.548	86.15	34.87
OFFICE VISITS	6	6	245.68	40.95	.143	40.95	5.85
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	9	563.41	62.60	.214	62.60	13.41
PREVENTIVE CARE	1	1	34.69	34.69	.024	34.69	.83
OB VISITS/COMPRE PERI	4	7	620.85	88.69	.167	155.21	14.78
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	9	383.86	42.65	.214	63.98	9.14
HOSPITAL VISITS	6	9	383.86	42.65	.214	63.98	9.14
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	27		6,941.51	257.09	.643	694.15	165.27
PRINCIPAL SURGEON	9	11		6,283.47	571.22	.262	698.16	149.61
ASSISTANT SURGEON	1	1		186.50	186.50	.024	186.50	4.44
ANESTHESIOLOGIST	2	15		471.54	31.44	.357	235.77	11.23
OUTPATIENT SURGERY	4	5		436.78	87.36	.119	109.20	10.40
PRINCIPAL SURGEON	4	4		388.33	97.08	.095	97.08	9.25
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1		48.45	48.45	.024	48.45	1.15
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	14	17		391.18	23.01	.405	27.94	9.31
RADIOLOGY	11	15		868.54	57.90	.357	78.96	20.68
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	7		54.50	7.79	.167	27.25	1.30
OTHER SERVICES/ALL X-OVERS	5	5		254.49	50.90	.119	50.90	6.06
@PHARMACY	16	27	\$	882.33	\$ 32.68	.643	\$ 55.15	\$ 21.01
PRESCRIPTION DRUGS	16	27		882.33	32.68	.643	55.15	21.01
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	16	27		882.33	32.68	.643	55.15	21.01
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	4	22	\$	637.00	\$ 28.95	.524	\$ 159.25	\$ 15.17
VISITS - DIAGNOSTIC	3	19		211.00	11.11	.452	70.33	5.02
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		330.00	330.00	.024	330.00	7.86
RESTORATIVE DENTISTRY	1	2		96.00	48.00	.048	96.00	2.29
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,754
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL							

42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	9	\$ 186.81	\$ 20.76	.214	\$ 93.41	\$ 4.45
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.048	47.45	2.26
EYE APPLIANCES	2	7	91.91	13.13	.167	45.96	2.19
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	32	166	\$ 40,794.72	\$ 245.75	3.952	\$ 1274.84	\$ 971.30

HOSP INPATIENT TOTAL	7	25	36,895.85	1475.83	.595	5270.84	878.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	7	25	36,895.85	1475.83	.595	5270.84	878.47
ACCOMMODATIONS	7	25	11,203.46	448.14	.595	1600.49	266.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	25	11,203.46	448.14	.595	1600.49	266.75
ANCILLARIES	7	0	25,692.39	.00	.000	3670.34	611.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	29	141	3,898.87	27.65	3.357	134.44	92.83
MEDICAL	2	2	168.00	84.00	.048	84.00	4.00
SURGERY	5	5	216.75	43.35	.119	43.35	5.16
PATHOLOGY	21	81	1,244.63	15.37	1.929	59.27	29.63
RADIOLOGY	9	12	1,165.10	97.09	.286	129.46	27.74
ROOM USE	14	23	830.22	36.10	.548	59.30	19.77

CROSSEOVERS/ALL OTH OUTPTNT	10	18		274.17	15.23	.429	27.42	6.53
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,755
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	32	166	\$ 40,794.72	\$ 245.75	3.952	\$ 1274.84	\$ 971.30	
COMM HOSP INPATIENT TOTAL	7	25	36,895.85	1475.83	.595	5270.84	878.47	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	7	25	36,895.85	1475.83	.595	5270.84	878.47	
ACCOMMODATIONS	7	25	11,203.46	448.14	.595	1600.49	266.75	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	7	25	11,203.46	448.14	.595	1600.49	266.75	
ANCILLARIES	7	0	25,692.39	.00	.000	3670.34	611.72	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	29	141	3,898.87	27.65	3.357	134.44	92.83	
MEDICAL	2	2	168.00	84.00	.048	84.00	4.00	
SURGERY	5	5	216.75	43.35	.119	43.35	5.16	
PATHOLOGY	21	81	1,244.63	15.37	1.929	59.27	29.63	
RADIOLOGY	9	12	1,165.10	97.09	.286	129.46	27.74	
ROOM USE	14	23	830.22	36.10	.548	59.30	19.77	
CROSSEOVERS/ALL OTH OUTPTNT	10	18	274.17	15.23	.429	27.42	6.53	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	7	\$	116.58	\$	16.65	.167	\$	23.32	\$	2.78
PATHOLOGY	5	7		116.58		16.65	.167		23.32		2.78
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	7	\$	659.89	\$	94.27	.167	\$	219.96	\$	15.71
CLINIC	2	4		68.89		17.22	.095		34.45		1.64
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	3		591.00		197.00	.071		591.00		14.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,756
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL										

42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	4	\$ 33.28	\$ 8.32	.095	\$ 16.64	\$.79
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.095	16.64	.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,757
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC										

67 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	64	2,549	\$ 226,467.13	\$ 88.85	38.045	\$ 3538.55	\$ 3380.11
@PHYSICIANS SERVICES	15	52	\$ 1,844.43	\$ 35.47	.776	\$ 122.96	\$ 27.53
OUTPATIENT VISITS	6	12	648.06	54.01	.179	108.01	9.67
OFFICE VISITS	0	0	.00	.00	.000	.00	.00

HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	6	11		628.86		57.17	.164	104.81	9.39
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	1	1		19.20		19.20	.015	19.20	.29
INPATIENT VISITS	4	6		175.13		29.19	.090	43.78	2.61
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	6		175.13		29.19	.090	43.78	2.61
OPHTHALMOLOGICAL SERVICES	2	2		87.79		43.90	.030	43.90	1.31
EXAMINATIONS	1	1		57.79		57.79	.015	57.79	.86
SERVICES AND MATERIALS	1	1		30.00		30.00	.015	30.00	.45
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	4	5		258.38		51.68	.075	64.60	3.86
PRINCIPAL SURGEON	4	5		258.38		51.68	.075	64.60	3.86
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	1		12.89		12.89	.015	12.89	.19
RADIOLOGY	9	21		454.88		21.66	.313	50.54	6.79
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5		207.30		41.46	.075	69.10	3.09
@PHARMACY	31	221	\$	7,701.29	\$	34.85	3.299	248.43	114.94
PRESCRIPTION DRUGS	31	221		7,701.29		34.85	3.299	248.43	114.94
SNF/ICF	25	200		5,814.47		29.07	2.985	232.58	86.78
OUTPATIENTS	6	21		1,886.82		89.85	.313	314.47	28.16
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	5	31	\$	757.50	\$	24.44	.463	151.50	11.31
VISITS - DIAGNOSTIC	3	16		142.00		8.88	.239	47.33	2.12
ORAL SURGERY	1	2		83.00		41.50	.030	83.00	1.24
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		148.00		148.00	.015	148.00	2.21
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2		27.50		13.75	.030	27.50	.41
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	10		357.00		35.70	.149	357.00	5.33
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,758
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								
				AID CODE 53					
				----- MONTHLY AVERAGE -----					
67 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	ELIGIBLE	
@OPTOMETRIST	2	3	\$ 90.07	\$ 30.02	.045	\$ 45.04	\$ 1.34		
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.015	47.45	.71		
EYE APPLIANCES	2	2	42.62	21.31	.030	21.31	.64		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	2	6	\$	392.39	\$	65.40	.090	\$ 196.20	\$ 5.86
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
@TOTAL HOSPITAL	21	225	\$	3,506.15	\$	15.58	3.358	\$ 166.96	\$ 52.33
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21	225		3,506.15		15.58	3.358	166.96	52.33
MEDICAL	4	5		80.05		16.01	.075	20.01	1.19
SURGERY	2	5		174.84		34.97	.075	87.42	2.61
PATHOLOGY	17	156		1,038.54		6.66	2.328	61.09	15.50
RADIOLOGY	11	22		1,314.99		59.77	.328	119.54	19.63
ROOM USE	10	18		721.18		40.07	.269	72.12	10.76
CROSSOVERS/ALL OTH OUTPTNT	7	19		176.55		9.29	.284	25.22	2.64
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,759
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

67 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	225	\$ 3,506.15	\$ 15.58	3.358	\$ 166.96	\$ 52.33
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21	225		3,506.15	15.58	3.358	166.96	52.33
MEDICAL	4	5		80.05	16.01	.075	20.01	1.19
SURGERY	2	5		174.84	34.97	.075	87.42	2.61
PATHOLOGY	17	156		1,038.54	6.66	2.328	61.09	15.50
RADIOLOGY	11	22		1,314.99	59.77	.328	119.54	19.63
ROOM USE	10	18		721.18	40.07	.269	72.12	10.76
CROSSOVERS/ALL OTH OUTPTNT	7	19		176.55	9.29	.284	25.22	2.64
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	38	1,201	\$	174,718.40	\$ 145.48	17.925	\$ 4597.85	\$ 2607.74
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	38	1,201		174,718.40	145.48	17.925	4597.85	2607.74	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	2	8	\$	261.06	\$ 32.63	.119	\$ 130.53	\$ 3.90	
CLINIC	1	5		69.69	13.94	.075	69.69	1.04	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	1	3		191.37	63.79	.045	191.37	2.86	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,760
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								AID CODE 53

67 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	802	\$ 37,195.84	\$ 46.38	11.970	\$ 1771.23	\$ 555.16
DURABLE MED. EQUIP.	1	2	38.26	19.13	.030	38.26	.57
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	448	6,256.42	13.97	6.687	368.02	93.38
AMBULANCES/AIR TRANS	15	368	4,171.19	11.33	5.493	278.08	62.26
OTHER TRANS	5	79	285.23	3.61	1.179	57.05	4.26
OTHER SERVICES	1	1	1,800.00	1800.00	.015	1800.00	26.87
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	33.33	16.67	.030	33.33	.50
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	38.68	19.34	.030	38.68	.58
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	348	30,829.15	88.59	5.194	30829.15	460.14
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	1	6	\$ 3,560.66	\$ 593.44	3.000		\$ 3560.66	\$ 1780.33
@PHYSICIANS SERVICES	1	2	\$ 1,227.80	\$ 613.90	1.000		\$ 1227.80	\$ 613.90
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	1	2	1,227.80	613.90	1.000		1227.80	613.90
PRINCIPAL SURGEON	1	2	1,227.80	613.90	1.000		1227.80	613.90
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	4	\$ 2,332.86	\$ 583.22	2.000	\$ 2332.86	\$ 1166.43
HOSP INPATIENT TOTAL	1	3	2,291.08	763.69	1.500	2291.08	1145.54
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	2,291.08	763.69	1.500	2291.08	1145.54
ACCOMMODATIONS	1	3	1,476.00	492.00	1.500	1476.00	738.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,476.00	492.00	1.500	1476.00	738.00
ANCILLARIES	1	0	815.08	.00	.000	815.08	407.54
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	41.78	41.78	.500	41.78	20.89
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	41.78	41.78	.500	41.78	20.89
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	4	\$	2,332.86	\$ 583.22	2.000	\$ 2332.86	\$ 1166.43
COMM HOSP INPATIENT TOTAL	1	3		2,291.08	763.69	1.500	2291.08	1145.54
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3		2,291.08	763.69	1.500	2291.08	1145.54
ACCOMMODATIONS	1	3		1,476.00	492.00	1.500	1476.00	738.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3		1,476.00	492.00	1.500	1476.00	738.00
ANCILLARIES	1	0		815.08	.00	.000	815.08	407.54
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1		41.78	41.78	.500	41.78	20.89
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		41.78	41.78	.500	41.78	20.89
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
EL DORADO COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,764
FEE-FOR-SERVICE/DENTAL 01/29/04
SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

	02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,765
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	65	2,555	\$ 230,027.79	\$ 90.03	37.029	\$ 3538.89	\$ 3333.74
@PHYSICIANS SERVICES	16	54	\$ 3,072.23	\$ 56.89	.783	\$ 192.01	\$ 44.53
OUTPATIENT VISITS	6	12	648.06	54.01	.174	108.01	9.39
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	11	628.86	57.17	.159	104.81	9.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.014	19.20	.28
INPATIENT VISITS	4	6	175.13	29.19	.087	43.78	2.54
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	6	175.13	29.19	.087	43.78	2.54
OPHTHALMOLOGICAL SERVICES	2	2	87.79	43.90	.029	43.90	1.27
EXAMINATIONS	1	1	57.79	57.79	.014	57.79	.84
SERVICES AND MATERIALS	1	1	30.00	30.00	.014	30.00	.43
INPATIENT HOSPITAL SURGERY	1	2	1,227.80	613.90	.029	1227.80	17.79
PRINCIPAL SURGEON	1	2	1,227.80	613.90	.029	1227.80	17.79
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	5	258.38	51.68	.072	64.60	3.74
PRINCIPAL SURGEON	4	5	258.38	51.68	.072	64.60	3.74
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	12.89	12.89	.014	12.89	.19
RADIOLOGY	9	21	454.88	21.66	.304	50.54	6.59
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	207.30	41.46	.072	69.10	3.00
@PHARMACY	31	221	\$ 7,701.29	\$ 34.85	3.203	\$ 248.43	\$ 111.61
PRESCRIPTION DRUGS	31	221	7,701.29	34.85	3.203	248.43	111.61
SNF/ICF	25	200	5,814.47	29.07	2.899	232.58	84.27
OUTPATIENTS	6	21	1,886.82	89.85	.304	314.47	27.35
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	5	31	\$ 757.50	\$ 24.44	.449	\$ 151.50	\$ 10.98
VISITS - DIAGNOSTIC	3	16	142.00	8.88	.232	47.33	2.06
ORAL SURGERY	1	2	83.00	41.50	.029	83.00	1.20
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	148.00	148.00	.014	148.00	2.14
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	27.50	13.75	.029	27.50	.40
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1	10	357.00	35.70	.145	357.00	5.17
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,766
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	3	\$ 90.07	\$ 30.02	.043	\$ 45.04	\$ 1.31
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.014	47.45	.69
EYE APPLIANCES	2	2	42.62	21.31	.029	21.31	.62
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	6	\$ 392.39	\$ 65.40	.087	\$ 196.20	\$ 5.69
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	22	229	\$ 5,839.01	\$ 25.50	3.319	\$ 265.41	\$ 84.62
HOSP INPATIENT TOTAL	1	3	2,291.08	763.69	.043	2291.08	33.20
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	2,291.08	763.69	.043	2291.08	33.20
ACCOMMODATIONS	1	3	1,476.00	492.00	.043	1476.00	21.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,476.00	492.00	.043	1476.00	21.39
ANCILLARIES	1	0	815.08	.00	.000	815.08	11.81
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	22	226	3,547.93	15.70	3.275	161.27	51.42
MEDICAL	4	5	80.05	16.01	.072	20.01	1.16
SURGERY	2	5	174.84	34.97	.072	87.42	2.53
PATHOLOGY	17	156	1,038.54	6.66	2.261	61.09	15.05
RADIOLOGY	11	22	1,314.99	59.77	.319	119.54	19.06
ROOM USE	10	18	721.18	40.07	.261	72.12	10.45
CROSSOVERS/ALL OTH OUTPTNT	8	20	218.33	10.92	.290	27.29	3.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,767
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	22	229	\$ 5,839.01	\$ 25.50	3.319	\$ 265.41	\$ 84.62
COMM HOSP INPATIENT TOTAL	1	3	2,291.08	763.69	.043	2291.08	33.20
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	2,291.08	763.69	.043	2291.08	33.20
ACCOMMODATIONS	1	3	1,476.00	492.00	.043	1476.00	21.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,476.00	492.00	.043	1476.00	21.39
ANCILLARIES	1	0	815.08	.00	.000	815.08	11.81
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	226	3,547.93	15.70	3.275	161.27	51.42
MEDICAL	4	5	80.05	16.01	.072	20.01	1.16
SURGERY	2	5	174.84	34.97	.072	87.42	2.53
PATHOLOGY	17	156	1,038.54	6.66	2.261	61.09	15.05
RADIOLOGY	11	22	1,314.99	59.77	.319	119.54	19.06
ROOM USE	10	18	721.18	40.07	.261	72.12	10.45
CROSSOVERS/ALL OTH OUTPTNT	8	20	218.33	10.92	.290	27.29	3.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	38	1,201	\$ 174,718.40	\$ 145.48	17.406	\$ 4597.85	\$ 2532.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	38	1,201	174,718.40	145.48	17.406	4597.85	2532.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	8	\$ 261.06	\$ 32.63	.116	\$ 130.53	\$ 3.78
CLINIC	1	5	69.69	13.94	.072	69.69	1.01
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	3	191.37	63.79	.043	191.37	2.77

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,768
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	21	802	\$ 37,195.84	\$ 46.38	11.623	\$ 1771.23	\$ 539.07
DURABLE MED. EQUIP.	1	2	38.26	19.13	.029	38.26	.55
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	448	6,256.42	13.97	6.493	368.02	90.67
AMBULANCES/AIR TRANS	15	368	4,171.19	11.33	5.333	278.08	60.45
OTHER TRANS	5	79	285.23	3.61	1.145	57.05	4.13
OTHER SERVICES	1	1	1,800.00	1800.00	.014	1800.00	26.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	33.33	16.67	.029	33.33	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	38.68	19.34	.029	38.68	.56
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	348	30,829.15	88.59	5.043	30829.15	446.80
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,769
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,770
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,771
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,772
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,773
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL	

111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	128	2,905	\$ 284,133.89	\$ 97.81	26.171	\$ 2219.80	\$ 2559.76
@PHYSICIANS SERVICES	64	162	\$ 13,867.72	\$ 85.60	1.459	\$ 216.68	\$ 124.93
OUTPATIENT VISITS	23	35	2,112.69	60.36	.315	91.86	19.03
OFFICE VISITS	6	6	245.68	40.95	.054	40.95	2.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	15	20	1,192.27	59.61	.180	79.48	10.74
PREVENTIVE CARE	1	1	34.69	34.69	.009	34.69	.31
OB VISITS/COMPRE PERI	4	7	620.85	88.69	.063	155.21	5.59

OTHER OUTPATIENT	1	1		19.20	19.20	.009	19.20	.17
INPATIENT VISITS	10	15		558.99	37.27	.135	55.90	5.04
HOSPITAL VISITS	6	9		383.86	42.65	.081	63.98	3.46
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	6		175.13	29.19	.054	43.78	1.58
OPHTHALMOLOGICAL SERVICES	2	2		87.79	43.90	.018	43.90	.79
EXAMINATIONS	1	1		57.79	57.79	.009	57.79	.52
SERVICES AND MATERIALS	1	1		30.00	30.00	.009	30.00	.27
INPATIENT HOSPITAL SURGERY	11	29		8,169.31	281.70	.261	742.66	73.60
PRINCIPAL SURGEON	10	13		7,511.27	577.79	.117	751.13	67.67
ASSISTANT SURGEON	1	1		186.50	186.50	.009	186.50	1.68
ANESTHESIOLOGIST	2	15		471.54	31.44	.135	235.77	4.25
OUTPATIENT SURGERY	8	10		695.16	69.52	.090	86.90	6.26
PRINCIPAL SURGEON	8	9		646.71	71.86	.081	80.84	5.83
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1		48.45	48.45	.009	48.45	.44
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	15	18		404.07	22.45	.162	26.94	3.64
RADIOLOGY	20	36		1,323.42	36.76	.324	66.17	11.92
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	7		54.50	7.79	.063	27.25	.49
OTHER SERVICES/ALL X-OVERS	8	10		461.79	46.18	.090	57.72	4.16
@PHARMACY	47	248	\$	8,583.62	\$ 34.61	2.234	\$ 182.63	\$ 77.33
PRESCRIPTION DRUGS	47	248		8,583.62	34.61	2.234	182.63	77.33
SNF/ICF	25	200		5,814.47	29.07	1.802	232.58	52.38
OUTPATIENTS	22	48		2,769.15	57.69	.432	125.87	24.95
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	9	53	\$	1,394.50	\$ 26.31	.477	\$ 154.94	\$ 12.56
VISITS - DIAGNOSTIC	6	35		353.00	10.09	.315	58.83	3.18
ORAL SURGERY	1	2		83.00	41.50	.018	83.00	.75
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		148.00	148.00	.009	148.00	1.33
ENDODONTICS	1	1		330.00	330.00	.009	330.00	2.97
RESTORATIVE DENTISTRY	2	4		123.50	30.88	.036	61.75	1.11
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	10		357.00	35.70	.090	357.00	3.22
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,774
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL							

111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	4	12	\$ 276.88	\$ 23.07	.108	\$ 69.22	\$ 2.49
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.027	47.45	1.28
EYE APPLIANCES	4	9	134.53	14.95	.081	33.63	1.21
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	2	6	\$	392.39	\$	65.40	.054	\$	196.20	\$	3.54
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	54	395	\$	46,633.73	\$	118.06	3.559	\$	863.59	\$	420.12
HOSP INPATIENT TOTAL	8	28		39,186.93		1399.53	.252		4898.37		353.04
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	8	28		39,186.93		1399.53	.252		4898.37		353.04
ACCOMMODATIONS	8	28		12,679.46		452.84	.252		1584.93		114.23
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	28		12,679.46		452.84	.252		1584.93		114.23
ANCILLARIES	8	0		26,507.47		.00	.000		3313.43		238.81
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	51	367	7,446.80	20.29	3.306	146.02	67.09
MEDICAL	6	7	248.05	35.44	.063	41.34	2.23
SURGERY	7	10	391.59	39.16	.090	55.94	3.53
PATHOLOGY	38	237	2,283.17	9.63	2.135	60.08	20.57
RADIOLOGY	20	34	2,480.09	72.94	.306	124.00	22.34
ROOM USE	24	41	1,551.40	37.84	.369	64.64	13.98
CROSSOVERS/ALL OTH OUTPTNT	18	38	492.50	12.96	.342	27.36	4.44
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,775
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EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	54	395	\$ 46,633.73	\$ 118.06	3.559	\$ 863.59	\$ 420.12
COMM HOSP INPATIENT TOTAL	8	28	39,186.93	1399.53	.252	4898.37	353.04
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	8	28	39,186.93	1399.53	.252	4898.37	353.04
ACCOMMODATIONS	8	28	12,679.46	452.84	.252	1584.93	114.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	28	12,679.46	452.84	.252	1584.93	114.23
ANCILLARIES	8	0	26,507.47	.00	.000	3313.43	238.81
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	51	367	7,446.80	20.29	3.306	146.02	67.09
MEDICAL	6	7	248.05	35.44	.063	41.34	2.23
SURGERY	7	10	391.59	39.16	.090	55.94	3.53
PATHOLOGY	38	237	2,283.17	9.63	2.135	60.08	20.57
RADIOLOGY	20	34	2,480.09	72.94	.306	124.00	22.34
ROOM USE	24	41	1,551.40	37.84	.369	64.64	13.98
CROSSOVERS/ALL OTH OUTPTNT	18	38	492.50	12.96	.342	27.36	4.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	38	1,201	\$ 174,718.40	\$ 145.48	10.820	\$ 4597.85	\$ 1574.04
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	38	1,201	174,718.40	145.48	10.820	4597.85	1574.04
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	7	\$	116.58	\$	.063	\$	23.32
PATHOLOGY	5	7		116.58		.063		23.32
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	15	\$	920.95	\$	.135	\$	184.19
CLINIC	3	9		138.58		.081		46.19
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	6		782.37		.054		391.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
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111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23	806	\$ 37,229.12	\$ 46.19	7.261	\$ 1618.66	\$ 335.40
DURABLE MED. EQUIP.	1	2	38.26	19.13	.018	38.26	.34
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	448	6,256.42	13.97	4.036	368.02	56.36
AMBULANCES/AIR TRANS	15	368	4,171.19	11.33	3.315	278.08	37.58
OTHER TRANS	5	79	285.23	3.61	.712	57.05	2.57
OTHER SERVICES	1	1	1,800.00	1800.00	.009	1800.00	16.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	66.61	11.10	.054	22.20	.60
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	38.68	19.34	.018	38.68	.35
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	348	30,829.15	88.59	3.135	30829.15	277.74
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,777
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----- MONTHLY AVERAGE -----

14,934 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	11,996	399,733	\$ 13,903,597.12	\$ 34.78	26.767	\$ 1159.02	\$ 931.00	
@PHYSICIANS SERVICES	2,211	7,989	\$ 119,243.90	\$ 14.93	.535	\$ 53.93	\$ 7.98	
OUTPATIENT VISITS	99	124	5,419.01	43.70	.008	54.74	.36	
OFFICE VISITS	73	85	3,168.60	37.28	.006	43.41	.21	
HOME VISITS	1	1	80.10	80.10	.000	80.10	.01	
EMERGENCY ROOM	26	28	1,946.90	69.53	.002	74.88	.13	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	9	10	223.41	22.34	.001	24.82	.01	
INPATIENT VISITS	21	63	3,309.62	52.53	.004	157.60	.22	
HOSPITAL VISITS	18	55	2,535.72	46.10	.004	140.87	.17	
CRITICAL CARE	1	5	608.00	121.60	.000	608.00	.04	
SNF/ICF/TRANS IP CARE	3	3	165.90	55.30	.000	55.30	.01	
OPHTHALMOLOGICAL SERVICES	12	13	539.58	41.51	.001	44.97	.04	
EXAMINATIONS	10	11	489.58	44.51	.001	48.96	.03	
SERVICES AND MATERIALS	2	2	50.00	25.00	.000	25.00	.00	
INPATIENT HOSPITAL SURGERY	16	107	12,914.47	120.70	.007	807.15	.86	
PRINCIPAL SURGEON	13	23	10,371.34	450.93	.002	797.80	.69	
ASSISTANT SURGEON	1	2	774.38	387.19	.000	774.38	.05	
ANESTHESIOLOGIST	5	82	1,768.75	21.57	.005	353.75	.12	
OUTPATIENT SURGERY	16	49	3,673.01	74.96	.003	229.56	.25	
PRINCIPAL SURGEON	13	26	3,228.75	124.18	.002	248.37	.22	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	3	23	444.26	19.32	.002	148.09	.03	
DIALYSIS	1	16	432.54	27.03	.001	432.54	.03	
PATHOLOGY	14	50	1,519.57	30.39	.003	108.54	.10	
RADIOLOGY	54	100	5,715.05	57.15	.007	105.83	.38	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	4	7	181.14	25.88	.000	45.29	.01	
OTHER SERVICES/ALL X-OVERS	2,082	7,460	85,539.91	11.47	.500	41.09	5.73	
@PHARMACY	10,168	186,060	\$ 2,764,198.97	\$ 14.86	12.459	\$ 271.85	\$ 185.09	
PRESCRIPTION DRUGS	10,013	45,061	2,676,452.50	59.40	3.017	267.30	179.22	
SNF/ICF	2,760	17,575	827,021.50	47.06	1.177	299.65	55.38	
OUTPATIENTS	7,320	27,486	1,849,431.00	67.29	1.840	252.65	123.84	
MEDICAL SUPPLIES	1,121	140,999	87,746.47	.62	9.441	78.28	5.88	
@DENTIST	684	2,364	\$ 118,383.65	\$ 50.08	.158	\$ 173.08	\$ 7.93	
VISITS - DIAGNOSTIC	446	1,405	19,427.65	13.83	.094	43.56	1.30	
ORAL SURGERY	68	183	8,819.00	48.19	.012	129.69	.59	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	45	46	4,503.00	97.89	.003	100.07	.30	
ENDODONTICS	26	43	9,913.00	230.53	.003	381.27	.66	
RESTORATIVE DENTISTRY	136	338	31,493.00	93.17	.023	231.57	2.11	
PROSTHETICS	10	10	360.00	36.00	.001	36.00	.02	
DENTURES, STAYPLATES	139	329	43,868.00	133.34	.022	315.60	2.94	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	12	10	.00	.00	.001	.00	.00	
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EL DORADO COUNTY	SUMMARY OF SERVICES FOR ALL AGED							

14,934 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	278	731	\$ 13,031.21	\$ 17.83	.049	\$ 46.87	\$.87
DIAGNOSTIC AND ANC. PROCED	33	33	1,388.63	42.08	.002	42.08	.09

EYE APPLIANCES	213	602		9,915.21		16.47	.040	46.55	.66
OTHER OPTOMETRIC SERVICES	60	96		1,727.37		17.99	.006	28.79	.12
@CHIROPRACTOR	2	2	\$	33.44	\$	16.72	.000	16.72	.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	2	2		33.44		16.72	.000	16.72	.00
@PODIATRIST	431	451	\$	4,684.06	\$	10.39	.030	10.87	.31
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	431	451		4,684.06		10.39	.030	10.87	.31
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	.00	.00
NURSE ANESTHESIST	5	23	\$	101.13	\$	4.40	.002	20.23	.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
@TOTAL HOSPITAL	1,746	7,792	\$	458,320.04	\$	58.82	.522	262.50	30.69
HOSP INPATIENT TOTAL	232	834		327,206.67		392.33	.056	1410.37	21.91
HSC HOSPITALS	6	19		22,821.29		1201.12	.001	3803.55	1.53
NON-HSC HOSPITAL TOTAL	19	92		146,655.56		1594.08	.006	7718.71	9.82
ACCOMMODATIONS	19	92		48,180.35		523.70	.006	2535.81	3.23
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	19	92		48,180.35		523.70	.006	2535.81	3.23
ANCILLARIES	19	0		98,475.21		.00	.000	5182.91	6.59
INPATIENT CROSSOVERS	207	723		157,729.82		218.16	.048	761.98	10.56
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,578	6,958		131,113.37		18.84	.466	83.09	8.78
MEDICAL	50	83		2,364.22		28.48	.006	47.28	.16
SURGERY	4	4		333.75		83.44	.000	83.44	.02
PATHOLOGY	70	465		5,330.39		11.46	.031	76.15	.36
RADIOLOGY	46	76		5,344.95		70.33	.005	116.19	.36
ROOM USE	45	64		2,612.12		40.81	.004	58.05	.17
CROSSOVERS/ALL OTH OUTPTNT	1,474	6,266		115,127.94		18.37	.420	78.11	7.71
@COUNTY HOSPITAL TOTAL	4	7	\$	58.85	\$	8.41	.000	14.71	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	7		58.85		8.41	.000	14.71	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	7		58.85		8.41	.000	14.71	.00

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	14,934 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,743	7,785	\$	458,261.19	\$ 58.86	.521	\$ 262.92	\$ 30.69
COMM HOSP INPATIENT TOTAL	232	834		327,206.67	392.33	.056	1410.37	21.91
HSC HOSPITALS	6	19		22,821.29	1201.12	.001	3803.55	1.53

NON-HSC HOSPITALS TOTAL	19	92	146,655.56	1594.08	.006	7718.71	9.82
ACCOMMODATIONS	19	92	48,180.35	523.70	.006	2535.81	3.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	92	48,180.35	523.70	.006	2535.81	3.23
ANCILLARIES	19	0	98,475.21	.00	.000	5182.91	6.59
INPATIENT CROSSOVERS	207	723	157,729.82	218.16	.048	761.98	10.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,575	6,951	131,054.52	18.85	.465	83.21	8.78
MEDICAL	50	83	2,364.22	28.48	.006	47.28	.16
SURGERY	4	4	333.75	83.44	.000	83.44	.02
PATHOLOGY	70	465	5,330.39	11.46	.031	76.15	.36
RADIOLOGY	46	76	5,344.95	70.33	.005	116.19	.36
ROOM USE	45	64	2,612.12	40.81	.004	58.05	.17
CROSSOVERS/ALL OTH OUTPTNT	1,471	6,259	115,069.09	18.38	.419	78.23	7.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	2,858	92,214	\$	9,908,141.39	\$ 107.45	6.175	\$ 3466.81	\$ 663.46	
LEV A-INTERMEDIATE	71	2,346		120,932.59	51.55	.157	1703.28	8.10	
LEV B-REHAB MD	30	954		95,386.01	99.99	.064	3179.53	6.39	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	2,759	88,914		9,691,822.79	109.00	5.954	3512.80	648.98	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	32	46	\$	31,542.67	\$ 685.71	.003	\$ 985.71	\$ 2.11	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	32	46		31,542.67	685.71	.003	985.71	2.11	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	31	138	\$	1,173.32	\$ 8.50	.009	\$ 37.85	\$.08	
PATHOLOGY	18	97		1,044.91	10.77	.006	58.05	.07	
XO AND OTHERS	13	41		128.41	3.13	.003	9.88	.01	
@ORGANIZED OUTPATIENT CLINIC	250	472	\$	36,238.87	\$ 76.78	.032	\$ 144.96	\$ 2.43	
CLINIC	1	2		32.49	16.25	.000	32.49	.00	
SURGICENTER	65	92		13,704.76	148.96	.006	210.84	.92	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	184	378		22,501.62	59.53	.025	122.29	1.51	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,780
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR ALL AGED								

14,934 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,702	101,451	\$ 448,504.47	\$ 4.42	6.793	\$ 263.52	\$ 30.03
DURABLE MED. EQUIP.	108	600	39,433.70	65.72	.040	365.13	2.64
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	19	23	3,979.66	173.03	.002	209.46	.27
MEDICAL TRANSPORTATION	240	4,278	23,432.16	5.48	.286	97.63	1.57
AMBULANCES/AIR TRANS	44	298	5,263.42	17.66	.020	119.62	.35
OTHER TRANS	118	2,971	9,533.44	3.21	.199	80.79	.64
OTHER SERVICES	88	1,009	8,635.30	8.56	.068	98.13	.58
ACUPUNCTURE	3	7	135.16	19.31	.000	45.05	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	410	2,761	198,085.00	71.74	.185	483.13	13.26
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	245	531	6,488.41	12.22	.036	26.48	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	60	127	707.14	5.57	.009	11.79	.05
PROSTHETIST/ORTHOTISTS	9	15	521.40	34.76	.001	57.93	.03
PROSTHETICS	9	15	521.40	34.76	.001	57.93	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	13	13	134.68	10.36	.001	10.36	.01
SPEECH AND AUDIOLOGY	26	47	6,246.09	132.90	.003	240.23	.42
HOSPICE SERVICES	42	1,281	118,237.41	92.30	.086	2815.18	7.92
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	658	91,768		51,103.66		.56	6.145	77.67	3.42
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	4,246	22,318	\$	561,813.34	\$	25.17	1.494	132.32	37.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,781
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 EL DORADO COUNTY SUMMARY OF SERVICES FOR ALL BLIND

762 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	571	27,379	\$ 568,361.45	\$ 20.76	35.930	\$ 995.38	\$ 745.88
@PHYSICIANS SERVICES	202	710	\$ 23,582.94	\$ 33.22	.932	\$ 116.75	\$ 30.95
OUTPATIENT VISITS	75	114	3,674.72	32.23	.150	49.00	4.82
OFFICE VISITS	38	57	1,580.74	27.73	.075	41.60	2.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	16	18	1,222.26	67.90	.024	76.39	1.60
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	29	39	871.72	22.35	.051	30.06	1.14
INPATIENT VISITS	19	142	6,174.35	43.48	.186	324.97	8.10
HOSPITAL VISITS	17	132	4,819.01	36.51	.173	283.47	6.32
CRITICAL CARE	4	10	1,355.34	135.53	.013	338.84	1.78
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	271.41	45.24	.008	45.24	.36
EXAMINATIONS	6	6	271.41	45.24	.008	45.24	.36
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	80	5,412.76	67.66	.105	451.06	7.10
PRINCIPAL SURGEON	10	17	4,287.87	252.23	.022	428.79	5.63
ASSISTANT SURGEON	1	1	113.92	113.92	.001	113.92	.15
ANESTHESIOLOGIST	4	62	1,010.97	16.31	.081	252.74	1.33
OUTPATIENT SURGERY	15	28	2,697.01	96.32	.037	179.80	3.54
PRINCIPAL SURGEON	13	15	2,419.00	161.27	.020	186.08	3.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	278.01	21.39	.017	139.01	.36
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	9	340.21	37.80	.012	48.60	.45
RADIOLOGY	36	68	1,803.02	26.52	.089	50.08	2.37
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	106	263	3,209.46	12.20	.345	30.28	4.21
@PHARMACY	497	10,201	\$ 170,986.63	\$ 16.76	13.387	\$ 344.04	\$ 224.39
PRESCRIPTION DRUGS	485	2,084	156,329.25	75.01	2.735	322.33	205.16
SNF/ICF	37	245	12,781.42	52.17	.322	345.44	16.77
OUTPATIENTS	448	1,839	143,547.83	78.06	2.413	320.42	188.38
MEDICAL SUPPLIES	95	8,117	14,657.38	1.81	10.652	154.29	19.24
@DENTIST	36	182	\$ 6,475.00	\$ 35.58	.239	\$ 179.86	\$ 8.50
VISITS - DIAGNOSTIC	24	107	1,225.00	11.45	.140	51.04	1.61
ORAL SURGERY	7	46	1,906.00	41.43	.060	272.29	2.50
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	173.00	86.50	.003	86.50	.23
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	14	666.00	47.57	.018	166.50	.87
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	12	2,505.00	208.75	.016	417.50	3.29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,782
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR ALL BLIND

762 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	29	\$ 2,327.09	\$ 80.24	.038	\$ 211.55	\$ 3.05
DIAGNOSTIC AND ANC. PROCED	4	4	245.12	61.28	.005	61.28	.32
EYE APPLIANCES	10	25	2,081.97	83.28	.033	208.20	2.73
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	18	20	\$ 249.63	\$ 12.48	.026	\$ 13.87	\$.33
MEDICINE/INJECTIONS	5	5	112.20	22.44	.007	22.44	.15
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	13	15	137.43	9.16	.020	10.57	.18
@HOME HEALTH AGENCY	15	136	\$ 10,112.86	\$ 74.36	.178	\$ 674.19	\$ 13.27
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	141	714	\$ 166,281.40	\$ 232.89	.937	\$ 1179.30	\$ 218.22
HOSP INPATIENT TOTAL	22	180	156,530.56	869.61	.236	7115.03	205.42
HSC HOSPITALS	4	18	21,030.00	1168.33	.024	5257.50	27.60
NON-HSC HOSPITAL TOTAL	6	95	125,649.22	1322.62	.125	20941.54	164.89
ACCOMMODATIONS	6	95	47,362.24	498.55	.125	7893.71	62.16
ADMINISTRATIVE DAYS	2	23	5,319.90	231.30	.030	2659.95	6.98
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	72	42,042.34	583.92	.094	8408.47	55.17
ANCILLARIES	6	0	78,286.98	.00	.000	13047.83	102.74
INPATIENT CROSSOVERS	12	67	9,851.34	147.03	.088	820.95	12.93
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	127	534	9,750.84	18.26	.701	76.78	12.80
MEDICAL	8	12	292.99	24.42	.016	36.62	.38
SURGERY	1	1	97.49	97.49	.001	97.49	.13
PATHOLOGY	26	117	1,415.99	12.10	.154	54.46	1.86
RADIOLOGY	14	16	904.16	56.51	.021	64.58	1.19
ROOM USE	47	88	2,956.99	33.60	.115	62.91	3.88
CROSSOVERS/ALL OTH OUTPTNT	75	300	4,083.22	13.61	.394	54.44	5.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

762 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	141	714	\$ 166,281.40	\$ 232.89	.937		\$ 1179.30	\$ 218.22
COMM HOSP INPATIENT TOTAL	22	180	156,530.56	869.61	.236		7115.03	205.42
HSC HOSPITALS	4	18	21,030.00	1168.33	.024		5257.50	27.60
NON-HSC HOSPITALS TOTAL	6	95	125,649.22	1322.62	.125		20941.54	164.89
ACCOMMODATIONS	6	95	47,362.24	498.55	.125		7893.71	62.16
ADMINISTRATIVE DAYS	2	23	5,319.90	231.30	.030		2659.95	6.98
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	5	72	42,042.34	583.92	.094		8408.47	55.17
ANCILLARIES	6	0	78,286.98	.00	.000		13047.83	102.74
INPATIENT CROSSOVERS	12	67	9,851.34	147.03	.088		820.95	12.93
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	127	534	9,750.84	18.26	.701		76.78	12.80
MEDICAL	8	12	292.99	24.42	.016		36.62	.38
SURGERY	1	1	97.49	97.49	.001		97.49	.13
PATHOLOGY	26	117	1,415.99	12.10	.154		54.46	1.86
RADIOLOGY	14	16	904.16	56.51	.021		64.58	1.19
ROOM USE	47	88	2,956.99	33.60	.115		62.91	3.88
CROSSOVERS/ALL OTH OUTPTNT	75	300	4,083.22	13.61	.394		54.44	5.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	29	1,000	\$ 146,745.45	\$ 146.75	1.312		\$ 5060.19	\$ 192.58
LEV A-INTERMEDIATE	0	0	109.65	.00	.000		.00	.14
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	29	1,000	146,635.80	146.64	1.312		5056.41	192.44
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000		\$.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	4	28	\$ 541.91	\$ 19.35	.037		\$ 135.48	\$.71
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	4	28	541.91	19.35	.037		135.48	.71
@LABORATORY FACILITY	10	70	\$ 962.79	\$ 13.75	.092		\$ 96.28	\$ 1.26
PATHOLOGY	10	70	962.79	13.75	.092		96.28	1.26
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	25	38	\$ 2,962.05	\$ 77.95	.050		\$ 118.48	\$ 3.89
CLINIC	1	3	98.52	32.84	.004		98.52	.13
SURGICENTER	1	7	207.21	29.60	.009		207.21	.27
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	23	28	2,656.32	94.87	.037		115.49	3.49

762 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	102	14,251	\$ 37,133.70	\$ 2.61	18.702		\$ 364.06	\$ 48.73

DURABLE MED. EQUIP.	7	29	16,299.43	562.05	.038	2328.49	21.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	3	709.60	236.53	.004	354.80	.93
MEDICAL TRANSPORTATION	18	315	2,529.80	8.03	.413	140.54	3.32
AMBULANCES/AIR TRANS	14	261	2,385.72	9.14	.343	170.41	3.13
OTHER TRANS	3	22	123.21	5.60	.029	41.07	.16
OTHER SERVICES	1	32	20.87	.65	.042	20.87	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	28	137	11,044.21	80.61	.180	394.44	14.49
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	74.04	12.34	.008	24.68	.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	168.00	168.00	.001	168.00	.22

PROSTHETICS	1	1	168.00	168.00	.001	168.00	.22
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	19	2,740.39	144.23	.025	249.13	3.60
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	37	13,741	3,568.23	.26	18.033	96.44	4.68
@CALIF. CHILDREN SERVICES*	19	175	\$ 34,718.81	\$ 198.39	.230	\$ 1827.31	\$ 45.56
@XOVER EXCLUDING STATE HOSP**	157	649	\$ 17,436.35	\$ 26.87	.852	\$ 111.06	\$ 22.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,785
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED	

33,940 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25,556	686,495	\$ 18,231,088.49	\$ 26.56	20.227	\$ 713.38	\$ 537.16
@PHYSICIANS SERVICES	7,690	26,350	\$ 934,115.80	\$ 35.45	.776	\$ 121.47	\$ 27.52
OUTPATIENT VISITS	3,882	5,759	228,973.02	39.76	.170	58.98	6.75
OFFICE VISITS	2,371	3,171	103,662.92	32.69	.093	43.72	3.05
HOME VISITS	2	2	114.40	57.20	.000	57.20	.00
EMERGENCY ROOM	1,345	1,729	104,706.88	60.56	.051	77.85	3.09
PREVENTIVE CARE	2	2	109.63	54.82	.000	54.82	.00
OB VISITS/COMPRE PERI	21	37	2,108.50	56.99	.001	100.40	.06
OTHER OUTPATIENT	663	818	18,270.69	22.34	.024	27.56	.54
INPATIENT VISITS	450	2,138	113,672.05	53.17	.063	252.60	3.35
HOSPITAL VISITS	393	1,841	83,798.71	45.52	.054	213.23	2.47
CRITICAL CARE	40	202	26,642.68	131.89	.006	666.07	.78
SNF/ICF/TRANS IP CARE	55	95	3,230.66	34.01	.003	58.74	.10
OPHTHALMOLOGICAL SERVICES	95	109	4,712.00	43.23	.003	49.60	.14
EXAMINATIONS	82	91	4,182.00	45.96	.003	51.00	.12
SERVICES AND MATERIALS	18	18	530.00	29.44	.001	29.44	.02
INPATIENT HOSPITAL SURGERY	216	1,527	93,767.34	61.41	.045	434.11	2.76
PRINCIPAL SURGEON	153	222	68,532.22	308.70	.007	447.92	2.02
ASSISTANT SURGEON	17	17	3,079.50	181.15	.001	181.15	.09
ANESTHESIOLOGIST	85	1,288	22,155.62	17.20	.038	260.65	.65
OUTPATIENT SURGERY	594	1,730	115,283.88	66.64	.051	194.08	3.40
PRINCIPAL SURGEON	504	673	92,916.48	138.06	.020	184.36	2.74
ASSISTANT SURGEON	4	4	382.35	95.59	.000	95.59	.01
ANESTHESIOLOGIST	131	1,053	21,985.05	20.88	.031	167.82	.65
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	519	1,006	25,777.93	25.62	.030	49.67	.76
RADIOLOGY	1,513	3,073	149,212.79	48.56	.091	98.62	4.40
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	117	1,295	45,610.65	35.22	.038	389.83	1.34
OTHER SERVICES/ALL X-OVERS	3,437	9,713	157,106.14	16.17	.286	45.71	4.63
@PHARMACY	21,210	311,921	\$ 8,688,968.25	\$ 27.86	9.190	\$ 409.66	\$ 256.01
PRESCRIPTION DRUGS	20,982	86,147	8,448,398.12	98.07	2.538	402.65	248.92
SNF/ICF	445	2,875	163,087.60	56.73	.085	366.49	4.81
OUTPATIENTS	20,580	83,272	8,285,310.52	99.50	2.454	402.59	244.12
MEDICAL SUPPLIES	1,904	225,774	240,570.13	1.07	6.652	126.35	7.09
@DENTIST	2,296	9,557	\$ 521,447.98	\$ 54.56	.282	\$ 227.11	\$ 15.36
VISITS - DIAGNOSTIC	1,409	4,858	69,447.02	14.30	.143	49.29	2.05
ORAL SURGERY	305	832	43,161.59	51.88	.025	141.51	1.27

DRUGS	3	3	.00	.00	.000	.00	.00
ANESTHESIA	5	5	500.00	100.00	.000	100.00	.01
PERIODONTICS	206	225	23,994.05	106.64	.007	116.48	.71
ENDODONTICS	202	337	83,503.08	247.78	.010	413.38	2.46
RESTORATIVE DENTISTRY	803	2,405	217,014.44	90.23	.071	270.25	6.39
PROSTHETICS	16	16	330.00	20.63	.000	20.63	.01
DENTURES, STAYPLATES	215	765	79,107.80	103.41	.023	367.94	2.33
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	6	6	550.00	91.67	.000	91.67	.02
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	27	64	3,625.00	56.64	.002	134.26	.11
ALL OTHER SERVICES	33	40	75.00	1.88	.001	2.27	.00
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MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED						

33,940 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	789	2,323	\$	49,158.72	\$ 21.16	.068	\$ 62.31	\$ 1.45
DIAGNOSTIC AND ANC. PROCED	366	372		16,941.63	45.54	.011	46.29	.50
EYE APPLIANCES	641	1,839		29,804.42	16.21	.054	46.50	.88
OTHER OPTOMETRIC SERVICES	78	112		2,412.67	21.54	.003	30.93	.07
@CHIROPRACTOR	17	32	\$	489.06	\$ 15.28	.001	\$ 28.77	\$.01
VISITS	17	32		489.06	15.28	.001	28.77	.01
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	158	229	\$	3,730.47	\$ 16.29	.007	\$ 23.61	\$.11
MEDICINE/INJECTIONS	19	21		690.80	32.90	.001	36.36	.02
SURGERY/ANES.	1	1		13.00	13.00	.000	13.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	140	205		2,992.07	14.60	.006	21.37	.09
@HOME HEALTH AGENCY	159	8,586	\$	280,271.05	\$ 32.64	.253	\$ 1762.71	\$ 8.26
NURSE ANESTHESIST	11	82	\$	395.38	\$ 4.82	.002	\$ 35.94	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	15	23	\$	607.73	\$ 26.42	.001	\$ 40.52	\$.02
@TOTAL HOSPITAL	6,458	35,936	\$	4,664,933.08	\$ 129.81	1.059	\$ 722.35	\$ 137.45
HOSP INPATIENT TOTAL	553	2,929		3,874,585.26	1322.84	.086	7006.48	114.16
HSC HOSPITALS	99	683		920,682.50	1348.00	.020	9299.82	27.13
NON-HSC HOSPITAL TOTAL	245	1,510		2,787,518.81	1846.04	.044	11377.63	82.13
ACCOMMODATIONS	244	1,510		843,357.62	558.51	.044	3456.38	24.85
ADMINISTRATIVE DAYS	10	117		26,599.50	227.35	.003	2659.95	.78
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	240	1,393		816,758.12	586.33	.041	3403.16	24.06
ANCILLARIES	245	0		1,944,161.19	.00	.000	7935.35	57.28
INPATIENT CROSSOVERS	215	736		166,383.95	226.07	.022	773.88	4.90
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,155	33,007		790,347.82	23.94	.973	128.41	23.29
MEDICAL	886	1,540		49,156.88	31.92	.045	55.48	1.45
SURGERY	316	345		14,980.19	43.42	.010	47.41	.44
PATHOLOGY	2,327	11,942		144,116.62	12.07	.352	61.93	4.25
RADIOLOGY	1,359	2,087		174,462.04	83.59	.061	128.38	5.14
ROOM USE	2,319	3,993		146,462.80	36.68	.118	63.16	4.32
CROSSOVERS/ALL OTH OUTPTNT	3,198	13,100		261,169.29	19.94	.386	81.67	7.70
@COUNTY HOSPITAL TOTAL	18	71	\$	49,482.89	\$ 696.94	.002	\$ 2749.05	\$ 1.46
CO HOSPITAL INPATIENT TOTAL	5	44		48,118.00	1093.59	.001	9623.60	1.42
HSC HOSPITALS	5	44		48,118.00	1093.59	.001	9623.60	1.42
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	27	1,364.89	50.55	.001	104.99	.04
MEDICAL	5	5	113.25	22.65	.000	22.65	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	50.19	16.73	.000	50.19	.00
RADIOLOGY	2	3	81.14	27.05	.000	40.57	.00
ROOM USE	6	6	207.40	34.57	.000	34.57	.01
CROSSOVERS/ALL OTH OUTPTNT	5	10	912.91	91.29	.000	182.58	.03

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EL DORADO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	33,940 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,446	35,865	\$	4,615,450.19	\$ 128.69	1.057	\$ 716.02	\$ 135.99
COMM HOSP INPATIENT TOTAL	549	2,885		3,826,467.26	1326.33	.085	6969.89	112.74
HSC HOSPITALS	94	639		872,564.50	1365.52	.019	9282.60	25.71
NON-HSC HOSPITALS TOTAL	245	1,510		2,787,518.81	1846.04	.044	11377.63	82.13
ACCOMMODATIONS	244	1,510		843,357.62	558.51	.044	3456.38	24.85
ADMINISTRATIVE DAYS	10	117		26,599.50	227.35	.003	2659.95	.78
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	240	1,393		816,758.12	586.33	.041	3403.16	24.06
ANCILLARIES	245	0		1,944,161.19	.00	.000	7935.35	57.28
INPATIENT CROSSOVERS	215	736		166,383.95	226.07	.022	773.88	4.90
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,147	32,980		788,982.93	23.92	.972	128.35	23.25
MEDICAL	882	1,535		49,043.63	31.95	.045	55.61	1.45
SURGERY	316	345		14,980.19	43.42	.010	47.41	.44
PATHOLOGY	2,326	11,939		144,066.43	12.07	.352	61.94	4.24
RADIOLOGY	1,358	2,084		174,380.90	83.68	.061	128.41	5.14
ROOM USE	2,315	3,987		146,255.40	36.68	.117	63.18	4.31
CROSSOVERS/ALL OTH OUTPTNT	3,194	13,090		260,256.38	19.88	.386	81.48	7.67
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	334	9,864	\$	1,407,810.83	\$ 142.72	.291	\$ 4215.00	\$ 41.48
LEV A-INTERMEDIATE	6	163		4,578.38	28.09	.005	763.06	.13
LEV B-REHAB MD	7	242		26,613.38	109.97	.007	3801.91	.78
LEV B-SUBACUTE FREESTANDING	2	50		19,434.65	388.69	.001	9717.33	.57
LEV B-SUBACUTE HSPTL BASED	2	75		43,309.95	577.47	.002	21654.98	1.28
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	317	9,334		1,313,874.47	140.76	.275	4144.71	38.71
@INTERMEDIATE CARE FACIL.-DD	25	751	\$	92,847.98	\$ 123.63	.022	\$ 3713.92	\$ 2.74
ICF DDH	12	365		48,810.17	133.73	.011	4067.51	1.44
ICF DD	12	357		38,736.90	108.51	.011	3228.08	1.14
ICF DDN/DDCN	1	29		5,300.91	182.79	.001	5300.91	.16
@HEMODIALYSIS TOTAL	62	91	\$	38,199.18	\$ 419.77	.003	\$ 616.12	\$ 1.13
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	62	91		38,199.18	419.77	.003	616.12	1.13
@REHABILITATION FACILITY	105	1,592	\$	24,828.20	\$ 15.60	.047	\$ 236.46	\$.73
HOSPITAL BASED	10	21		1,075.74	51.23	.001	107.57	.03
INDEPENDENT FACILITY	95	1,571		23,752.46	15.12	.046	250.03	.70
@LABORATORY FACILITY	619	3,004	\$	41,406.09	\$ 13.78	.089	\$ 66.89	\$ 1.22
PATHOLOGY	609	2,987		41,116.01	13.76	.088	67.51	1.21
XO AND OTHERS	10	17		290.08	17.06	.001	29.01	.01
@ORGANIZED OUTPATIENT CLINIC	2,489	4,700	\$	534,752.17	\$ 113.78	.138	\$ 214.85	\$ 15.76
CLINIC	93	223		4,693.79	21.05	.007	50.47	.14

SURGICENTER	78	288	14,255.42	49.50	.008	182.76	.42
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,339	4,189	515,802.96	123.13	.123	220.52	15.20

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EL DORADO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
33,940 ELIGIBLES							
@ALL OTHER PROVIDERS	3,486	271,454	\$ 947,126.52	\$ 3.49	7.998	\$ 271.69	\$ 27.91
DURABLE MED. EQUIP.	357	1,694	268,494.14	158.50	.050	752.08	7.91
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	13	1,735.39	133.49	.000	157.76	.05
MEDICAL TRANSPORTATION	647	18,994	108,208.22	5.70	.560	167.25	3.19
AMBULANCES/AIR TRANS	563	6,332	73,296.67	11.58	.187	130.19	2.16
OTHER TRANS	32	11,603	21,166.18	1.82	.342	661.44	.62
OTHER SERVICES	62	1,059	13,745.37	12.98	.031	221.70	.40
ACUPUNCTURE	10	33	600.12	18.19	.001	60.01	.02
ADULT DAY HEALTH CARE CTR	36	593	41,200.83	69.48	.017	1144.47	1.21
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	215	1,661	117,263.97	70.60	.049	545.41	3.46
OCCUPATIONAL THERAPIST	2	5	103.00	20.60	.000	51.50	.00
OPTICIAN	613	1,328	14,874.22	11.20	.039	24.26	.44
PHYSICAL THERAPIST	1	9	147.04	16.34	.000	147.04	.00
PORTABLE X-RAY	11	18	240.24	13.35	.001	21.84	.01
PROSTHETIST/ORTHOTISTS	68	194	25,383.54	130.84	.006	373.29	.75
PROSTHETICS	68	194	25,383.54	130.84	.006	373.29	.75
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	46.44	46.44	.000	46.44	.00
SPEECH AND AUDIOLOGY	320	850	41,347.86	48.64	.025	129.21	1.22
HOSPICE SERVICES	25	731	68,167.84	93.25	.022	2726.71	2.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	458	21,563	117,617.48	5.45	.635	256.81	3.47
EPSDT SUPPLEMENTAL SERVICE	1	4	117.64	29.41	.000	117.64	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	945	223,760	141,263.55	.63	6.593	149.49	4.16
@CALIF. CHILDREN SERVICES*	428	15,903	\$ 943,443.95	\$ 59.32	.469	\$ 2204.31	\$ 27.80
@XOVER EXCLUDING STATE HOSP**	4,522	36,690	\$ 528,490.68	\$ 14.40	1.081	\$ 116.87	\$ 15.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
96,738 ELIGIBLES							
@TOTAL, ALL PROVIDERS	43,039	212,942	\$ 12,421,400.44	\$ 58.33	2.201	\$ 288.61	\$ 128.40
@PHYSICIANS SERVICES	17,193	38,226	\$ 1,917,586.77	\$ 50.16	.395	\$ 111.53	\$ 19.82
OUTPATIENT VISITS	13,127	17,247	718,473.80	41.66	.178	54.73	7.43
OFFICE VISITS	7,293	8,970	310,733.18	34.64	.093	42.61	3.21
HOME VISITS	1	1	37.42	37.42	.000	37.42	.00
EMERGENCY ROOM	5,246	6,060	307,903.99	50.81	.063	58.69	3.18
PREVENTIVE CARE	103	103	4,398.41	42.70	.001	42.70	.05
OB VISITS/COMPRI PERI	605	915	69,924.33	76.42	.009	115.58	.72
OTHER OUTPATIENT	982	1,198	25,476.47	21.27	.012	25.94	.26
INPATIENT VISITS	782	2,314	134,220.06	58.00	.024	171.64	1.39
HOSPITAL VISITS	755	1,893	85,477.83	45.15	.020	113.22	.88
CRITICAL CARE	61	420	48,670.13	115.88	.004	797.87	.50

SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	.00
OPHTHALMOLOGICAL SERVICES	115	144	6,267.48	43.52	.001	54.50	.06
EXAMINATIONS	104	125	5,726.48	45.81	.001	55.06	.06
SERVICES AND MATERIALS	19	19	541.00	28.47	.000	28.47	.01
INPATIENT HOSPITAL SURGERY	816	3,312	471,640.53	142.40	.034	577.99	4.88
PRINCIPAL SURGEON	596	805	405,539.99	503.78	.008	680.44	4.19
ASSISTANT SURGEON	81	82	14,736.10	179.71	.001	181.93	.15
ANESTHESIOLOGIST	240	2,425	51,364.44	21.18	.025	214.02	.53
OUTPATIENT SURGERY	1,419	3,711	234,916.23	63.30	.038	165.55	2.43
PRINCIPAL SURGEON	1,187	1,539	187,325.51	121.72	.016	157.81	1.94
ASSISTANT SURGEON	7	7	609.25	87.04	.000	87.04	.01
ANESTHESIOLOGIST	331	2,165	46,981.47	21.70	.022	141.94	.49
DIALYSIS	3	5	499.94	99.99	.000	166.65	.01
PATHOLOGY	1,970	2,700	52,468.68	19.43	.028	26.63	.54
RADIOLOGY	2,947	4,251	172,048.75	40.47	.044	58.38	1.78
PSYCHIATRY	1	6	87.54	14.59	.000	87.54	.00

IMMUNIZATION AND INJECTION	348	725		34,168.60		47.13	.007	98.19	.35
OTHER SERVICES/ALL X-OVERS	1,437	3,811		92,795.16		24.35	.039	64.58	.96
@PHARMACY	20,470	58,169	\$	2,374,208.20	\$	40.82	.601	\$ 115.98	\$ 24.54
PRESCRIPTION DRUGS	20,337	44,273		2,335,152.65		52.74	.458	114.82	24.14
SNF/ICF	36	177		9,780.56		55.26	.002	271.68	.10
OUTPATIENTS	20,308	44,096		2,325,372.09		52.73	.456	114.51	24.04
MEDICAL SUPPLIES	419	13,896		39,055.55		2.81	.144	93.21	.40
@DENTIST	5,904	27,190	\$	1,078,388.28	\$	39.66	.281	\$ 182.65	\$ 11.15
VISITS - DIAGNOSTIC	3,968	15,982		250,146.52		15.65	.165	63.04	2.59
ORAL SURGERY	800	1,553		91,006.00		58.60	.016	113.76	.94
DRUGS	55	67		1,455.00		21.72	.001	26.45	.02
ANESTHESIA	17	17		1,525.00		89.71	.000	89.71	.02
PERIODONTICS	260	268		27,630.00		103.10	.003	106.27	.29
ENDODONTICS	571	984		176,506.00		179.38	.010	309.12	1.82
RESTORATIVE DENTISTRY	2,350	7,483		477,031.23		63.75	.077	202.99	4.93
PROSTHETICS	13	14		330.00		23.57	.000	25.38	.00
DENTURES, STAYPLATES	80	389		28,206.47		72.51	.004	352.58	.29
SPACE MAINTAINERS	48	57		5,702.00		100.04	.001	118.79	.06
MAXILLOFACIAL SERVICES	10	10		1,900.00		190.00	.000	190.00	.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	147	202		15,675.06		77.60	.002	106.63	.16
ALL OTHER SERVICES	141	164		1,275.00		7.77	.002	9.04	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,790
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EL DORADO COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								

96,738 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,219	3,636	\$ 82,300.70	\$ 22.63	.038	\$ 67.51	\$.85
DIAGNOSTIC AND ANC. PROCED	906	914	42,184.25	46.15	.009	46.56	.44
EYE APPLIANCES	950	2,694	39,223.53	14.56	.028	41.29	.41
OTHER OPTOMETRIC SERVICES	26	28	892.92	31.89	.000	34.34	.01
@CHIROPRACTOR	37	96	\$ 1,584.22	\$ 16.50	.001	\$ 42.82	\$.02
VISITS	37	96	1,584.22	16.50	.001	42.82	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	27	39	\$ 1,538.66	\$ 39.45	.000	\$ 56.99	\$.02
MEDICINE/INJECTIONS	25	32	1,134.63	35.46	.000	45.39	.01
SURGERY/ANES.	2	3	110.99	37.00	.000	55.50	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	2	3	275.74	91.91	.000	137.87	.00
@HOME HEALTH AGENCY	68	466	\$ 22,159.36	\$ 47.55	.005	\$ 325.87	\$.23
NURSE ANESTHESIST	9	72	\$ 1,060.26	\$ 14.73	.001	\$ 117.81	\$.01
NURSE MIDWIFE	7	48	\$ 2,497.82	\$ 52.04	.000	\$ 356.83	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	12	21	\$ 635.82	\$ 30.28	.000	\$ 52.99	\$.01
@TOTAL HOSPITAL	11,247	47,132	\$ 5,499,258.35	\$ 116.68	.487	\$ 488.95	\$ 56.85
HOSP INPATIENT TOTAL	792	3,108	4,369,261.97	1405.81	.032	5516.74	45.17
HSC HOSPITALS	156	881	1,151,769.49	1307.34	.009	7383.14	11.91
NON-HSC HOSPITAL TOTAL	639	2,217	3,214,277.20	1449.83	.023	5030.17	33.23
ACCOMMODATIONS	620	2,217	1,090,450.17	491.86	.023	1758.79	11.27
ADMINISTRATIVE DAYS	2	32	7,401.60	231.30	.000	3700.80	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	618	2,185	1,083,048.57	495.67	.023	1752.51	11.20
ANCILLARIES	639	0	2,123,827.03	.00	.000	3323.67	21.95
INPATIENT CROSSOVERS	4	10	3,215.28	321.53	.000	803.82	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,916	44,024	1,129,996.38	25.67	.455	103.52	11.68
MEDICAL	1,590	2,295	61,998.22	27.01	.024	38.99	.64
SURGERY	877	1,016	35,488.82	34.93	.011	40.47	.37
PATHOLOGY	4,765	18,065	248,153.50	13.74	.187	52.08	2.57

RADIOLOGY	2,808	3,752	235,702.09	62.82	.039	83.94	2.44
ROOM USE	7,476	10,357	393,895.52	38.03	.107	52.69	4.07
CROSSOVERS/ALL OTH OUTPTNT	3,881	8,539	154,758.23	18.12	.088	39.88	1.60
@COUNTY HOSPITAL TOTAL	35	170	\$ 54,525.36	\$ 320.74	.002	\$ 1557.87	\$.56
CO HOSPITAL INPATIENT TOTAL	4	45	49,155.07	1092.33	.000	12288.77	.51
HSC HOSPITALS	4	45	49,155.07	1092.33	.000	12288.77	.51
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	32	125	5,370.29	42.96	.001	167.82	.06
MEDICAL	9	12	515.17	42.93	.000	57.24	.01
SURGERY	7	9	769.97	85.55	.000	110.00	.01
PATHOLOGY	9	31	460.78	14.86	.000	51.20	.00
RADIOLOGY	6	9	1,000.96	111.22	.000	166.83	.01
ROOM USE	24	32	1,502.77	46.96	.000	62.62	.02
CROSSOVERS/ALL OTH OUTPTNT	14	32	1,120.64	35.02	.000	80.05	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,791
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EL DORADO COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

96,738 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,219	46,962	\$ 5,444,732.99	\$ 115.94	.485	\$ 485.31	\$ 56.28
COMM HOSP INPATIENT TOTAL	788	3,063	4,320,106.90	1410.42	.032	5482.37	44.66
HSC HOSPITALS	152	836	1,102,614.42	1318.92	.009	7254.04	11.40
NON-HSC HOSPITALS TOTAL	639	2,217	3,214,277.20	1449.83	.023	5030.17	33.23
ACCOMMODATIONS	620	2,217	1,090,450.17	491.86	.023	1758.79	11.27
ADMINISTRATIVE DAYS	2	32	7,401.60	231.30	.000	3700.80	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	618	2,185	1,083,048.57	495.67	.023	1752.51	11.20
ANCILLARIES	639	0	2,123,827.03	.00	.000	3323.67	21.95
INPATIENT CROSSOVERS	4	10	3,215.28	321.53	.000	803.82	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,891	43,899	1,124,626.09	25.62	.454	103.26	11.63
MEDICAL	1,581	2,283	61,483.05	26.93	.024	38.89	.64
SURGERY	870	1,007	34,718.85	34.48	.010	39.91	.36
PATHOLOGY	4,757	18,034	247,692.72	13.73	.186	52.07	2.56
RADIOLOGY	2,802	3,743	234,701.13	62.70	.039	83.76	2.43
ROOM USE	7,458	10,325	392,392.75	38.00	.107	52.61	4.06
CROSSOVERS/ALL OTH OUTPTNT	3,868	8,507	153,637.59	18.06	.088	39.72	1.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	11	\$ 2,600.18	\$ 236.38	.000	\$ 2600.18	\$.03
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	11	2,600.18	236.38	.000	2600.18	.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	270	\$ 7,158.33	\$ 26.51	.003	\$ 1431.67	\$.07

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	270	7,158.33	26.51	.003	1431.67	.07
@REHABILITATION FACILITY	31	163	\$ 3,763.97	\$ 23.09	.002	\$ 121.42	\$.04
HOSPITAL BASED	9	20	973.89	48.69	.000	108.21	.01
INDEPENDENT FACILITY	22	143	2,790.08	19.51	.001	126.82	.03
@LABORATORY FACILITY	1,393	4,168	\$ 73,585.75	\$ 17.65	.043	\$ 52.83	\$.76
PATHOLOGY	1,393	4,168	73,585.75	17.65	.043	52.83	.76
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5,907	11,195	\$ 1,101,862.64	\$ 98.42	.116	\$ 186.54	\$ 11.39
CLINIC	1,092	3,371	65,175.22	19.33	.035	59.68	.67
SURGICENTER	112	691	24,472.33	35.42	.007	218.50	.25
HEROIN DETOX CLINIC	2	14	175.95	12.57	.000	87.98	.00
RURAL HEALTH CLINIC	4,740	7,119	1,012,039.14	142.16	.074	213.51	10.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,792
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

96,738 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,495	22,040	\$ 251,211.13	\$ 11.40	.228	\$ 71.88	\$ 2.60
DURABLE MED. EQUIP.	84	180	24,313.07	135.07	.002	289.44	.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	425.53	425.53	.000	425.53	.00
MEDICAL TRANSPORTATION	655	8,171	110,022.69	13.47	.084	167.97	1.14
AMBULANCES/AIR TRANS	650	8,082	87,743.22	10.86	.084	134.99	.91
OTHER TRANS	3	40	113.09	2.83	.000	37.70	.00
OTHER SERVICES	14	49	22,166.38	452.38	.001	1583.31	.23
ACUPUNCTURE	2	4	75.69	18.92	.000	37.85	.00
ADULT DAY HEALTH CARE CTR	1	5	347.90	69.58	.000	347.90	.00
GENETIC DISEASE TESTING	155	156	16,005.50	102.60	.002	103.26	.17
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	913	1,925	17,485.78	9.08	.020	19.15	.18
PHYSICAL THERAPIST	1	6	99.75	16.63	.000	99.75	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	41	60	4,716.56	78.61	.001	115.04	.05
PROSTHETICS	41	60	4,716.56	78.61	.001	115.04	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	8	484.23	60.53	.000	161.41	.01
SPEECH AND AUDIOLOGY	6	17	2,857.11	168.07	.000	476.19	.03
HOSPICE SERVICES	1	3	403.89	134.63	.000	403.89	.00
NONINST BIRTHING CENTERS	1	1	1,125.19	1125.19	.000	1125.19	.01
LOCAL EDUCATION AGENCIES	1,617	7,040	67,966.47	9.65	.073	42.03	.70
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	48	4,463	4,881.77	1.09	.046	101.70	.05
@CALIF. CHILDREN SERVICES*	281	4,698	\$ 432,565.11	\$ 92.07	.049	\$ 1539.38	\$ 4.47
@XOVER EXCLUDING STATE HOSP**	143	690	\$ 16,632.54	\$ 24.11	.007	\$ 116.31	\$.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,793
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

4,018 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,976	24,224	\$ 1,032,805.42	\$ 42.64	6.029	\$ 522.67	\$ 257.04
@PHYSICIANS SERVICES	815	2,297	\$ 95,699.99	\$ 41.66	.572	\$ 117.42	\$ 23.82

OUTPATIENT VISITS	551	714		32,047.39	44.88	.178	58.16	7.98
OFFICE VISITS	264	315		11,015.08	34.97	.078	41.72	2.74
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	279	336		18,185.71	54.12	.084	65.18	4.53
PREVENTIVE CARE	4	4		177.22	44.31	.001	44.31	.04
OB VISITS/COMPRE PERI	15	19		1,760.72	92.67	.005	117.38	.44
OTHER OUTPATIENT	36	40		908.66	22.72	.010	25.24	.23
INPATIENT VISITS	41	108		5,219.18	48.33	.027	127.30	1.30
HOSPITAL VISITS	34	96		4,384.25	45.67	.024	128.95	1.09
CRITICAL CARE	3	6		659.80	109.97	.001	219.93	.16
SNF/ICF/TRANS IP CARE	4	6		175.13	29.19	.001	43.78	.04
OPHTHALMOLOGICAL SERVICES	5	7		284.27	40.61	.002	56.85	.07
EXAMINATIONS	4	6		254.27	42.38	.001	63.57	.06
SERVICES AND MATERIALS	1	1		30.00	30.00	.000	30.00	.01
INPATIENT HOSPITAL SURGERY	47	372		23,281.03	62.58	.093	495.34	5.79
PRINCIPAL SURGEON	29	52		17,235.23	331.45	.013	594.32	4.29
ASSISTANT SURGEON	3	3		495.11	165.04	.001	165.04	.12
ANESTHESIOLOGIST	24	317		5,550.69	17.51	.079	231.28	1.38
OUTPATIENT SURGERY	97	253		15,454.64	61.09	.063	159.33	3.85
PRINCIPAL SURGEON	84	109		12,858.21	117.97	.027	153.07	3.20
ASSISTANT SURGEON	1	1		13.54	13.54	.000	13.54	.00
ANESTHESIOLOGIST	16	143		2,582.89	18.06	.036	161.43	.64
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	96	122		2,428.74	19.91	.030	25.30	.60
RADIOLOGY	194	369		10,191.33	27.62	.092	52.53	2.54
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	15	21		2,410.52	114.79	.005	160.70	.60
OTHER SERVICES/ALL X-OVERS	79	331		4,382.89	13.24	.082	55.48	1.09
@PHARMACY	861	2,114	\$	113,331.22	53.61	.526	131.63	28.21
PRESCRIPTION DRUGS	858	2,084		112,276.20	53.88	.519	130.86	27.94
SNF/ICF	35	247		10,910.38	44.17	.061	311.73	2.72
OUTPATIENTS	824	1,837		101,365.82	55.18	.457	123.02	25.23
MEDICAL SUPPLIES	19	30		1,055.02	35.17	.007	55.53	.26
@DENTIST	246	1,264	\$	52,118.17	41.23	.315	211.86	12.97
VISITS - DIAGNOSTIC	153	710		9,972.00	14.05	.177	65.18	2.48
ORAL SURGERY	38	91		8,252.00	90.68	.023	217.16	2.05
DRUGS	1	1		25.00	25.00	.000	25.00	.01
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.02
PERIODONTICS	5	5		513.00	102.60	.001	102.60	.13
ENDODONTICS	22	51		9,658.00	189.37	.013	439.00	2.40
RESTORATIVE DENTISTRY	97	359		21,781.50	60.67	.089	224.55	5.42
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	15		599.00	39.93	.004	299.50	.15
SPACE MAINTAINERS	4	4		351.00	87.75	.001	87.75	.09
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	1		140.00	140.00	.000	140.00	.03
ORTHODONTIC SERVICES	10	12		651.67	54.31	.003	65.17	.16
ALL OTHER SERVICES	8	14		75.00	5.36	.003	9.38	.02

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

PAGE 2,794 01/29/04

	4,018 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	43	115	\$	2,693.33	\$ 23.42	.029	\$ 62.64	\$.67
DIAGNOSTIC AND ANC. PROCED	32	32		1,454.03	45.44	.008	45.44	.36
EYE APPLIANCES	31	82		1,215.30	14.82	.020	39.20	.30
OTHER OPTOMETRIC SERVICES	1	1		24.00	24.00	.000	24.00	.01
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	13	200	\$	6,946.18	\$	.050	\$	534.32
NURSE ANESTHESIST	1	9	\$	137.97	\$	.002	\$	137.97
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	519	2,816	\$	485,959.70	\$	.701	\$	936.34
HOSP INPATIENT TOTAL	44	195		419,311.21		.049		9529.80
HSC HOSPITALS	8	40		45,276.00		.010		5659.50
NON-HSC HOSPITAL TOTAL	37	155		374,035.21		.039		10109.06
ACCOMMODATIONS	36	155		87,868.04		.039		2440.78

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	155	87,868.04	566.89	.039	2440.78	21.87
ANCILLARIES	37	0	286,167.17	.00	.000	7734.25	71.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	499	2,621	66,648.49	25.43	.652	133.56	16.59
MEDICAL	82	111	2,005.50	18.07	.028	24.46	.50
SURGERY	61	72	2,381.09	33.07	.018	39.03	.59
PATHOLOGY	236	1,114	14,294.38	12.83	.277	60.57	3.56
RADIOLOGY	192	289	17,273.80	59.77	.072	89.97	4.30
ROOM USE	366	502	19,750.26	39.34	.125	53.96	4.92
CROSSOVERS/ALL OTH OUTPTNT	225	533	10,943.46	20.53	.133	48.64	2.72
@COUNTY HOSPITAL TOTAL	4	14	\$ 423.20	\$ 30.23	.003	\$ 105.80	\$.11
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	14	423.20	30.23	.003	105.80	.11
MEDICAL	2	2	48.18	24.09	.000	24.09	.01
SURGERY	2	2	58.78	29.39	.000	29.39	.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	67.74	22.58	.001	33.87	.02
ROOM USE	2	3	201.50	67.17	.001	100.75	.05
CROSSOVERS/ALL OTH OUTPTNT	1	4	47.00	11.75	.001	47.00	.01

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EL DORADO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

					----- MONTHLY AVERAGE -----			
4,018 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	515	2,802	\$ 485,536.50	\$ 173.28	.697	\$ 942.79	\$ 120.84	
COMM HOSP INPATIENT TOTAL	44	195	419,311.21	2150.31	.049	9529.80	104.36	
HSC HOSPITALS	8	40	45,276.00	1131.90	.010	5659.50	11.27	
NON-HSC HOSPITALS TOTAL	37	155	374,035.21	2413.13	.039	10109.06	93.09	
ACCOMMODATIONS	36	155	87,868.04	566.89	.039	2440.78	21.87	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	36	155	87,868.04	566.89	.039	2440.78	21.87	
ANCILLARIES	37	0	286,167.17	.00	.000	7734.25	71.22	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	495	2,607	66,225.29	25.40	.649	133.79	16.48	
MEDICAL	80	109	1,957.32	17.96	.027	24.47	.49	
SURGERY	59	70	2,322.31	33.18	.017	39.36	.58	
PATHOLOGY	236	1,114	14,294.38	12.83	.277	60.57	3.56	
RADIOLOGY	190	286	17,206.06	60.16	.071	90.56	4.28	
ROOM USE	364	499	19,548.76	39.18	.124	53.71	4.87	
CROSSOVERS/ALL OTH OUTPTNT	224	529	10,896.46	20.60	.132	48.64	2.71	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	38	1,201	\$ 174,718.40	\$ 145.48	.299	\$ 4597.85	\$ 43.48	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	38	1,201	174,718.40	145.48	.299	4597.85	43.48
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	67	154	\$ 3,228.47	\$ 20.96	.038	\$ 48.19	\$.80
PATHOLOGY	67	154	3,228.47	20.96	.038	48.19	.80
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	231	452	\$ 37,934.56	\$ 83.93	.112	\$ 164.22	\$ 9.44
CLINIC	47	180	2,965.42	16.47	.045	63.09	.74
SURGICENTER	5	15	565.17	37.68	.004	113.03	.14
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	181	257	34,403.97	133.87	.064	190.08	8.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,796
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

	4,018 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	156	13,602	\$ 60,037.43	\$ 4.41	3.385	\$ 384.86	\$ 14.94	
DURABLE MED. EQUIP.	10	20	3,245.95	162.30	.005	324.60	.81	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	57	895	17,742.61	19.82	.223	311.27	4.42	
AMBULANCES/AIR TRANS	55	812	10,257.38	12.63	.202	186.50	2.55	
OTHER TRANS	5	79	285.23	3.61	.020	57.05	.07	
OTHER SERVICES	4	4	7,200.00	1800.00	.001	1800.00	1.79	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	3	3	262.50	87.50	.001	87.50	.07	
IHMC,MODEL-NF,NF,AIDS,MSSP	4	6	56.46	9.41	.001	14.12	.01	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	33	66	626.32	9.49	.016	18.98	.16	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	1	2	38.68	19.34	.000	38.68	.01	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	1	348	30,829.15	88.59	.087	30829.15	7.67	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	36	561	3,765.89	6.71	.140	104.61	.94	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	13	11,701	3,469.87	.30	2.912	266.91	.86	
@CALIF. CHILDREN SERVICES*	18	112	\$ 48,509.76	\$ 433.12	.028	\$ 2694.99	\$ 12.07	
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00	
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;								

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
EL DORADO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS

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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00		
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00		
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00		
OFFICE VISITS	0		0	.00	.00	.000	.00	.00		
HOME VISITS	0		0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00		
CRITICAL CARE	0		0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00		
EXAMINATIONS	0		0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0		0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00		
DIALYSIS	0		0	.00	.00	.000	.00	.00		
PATHOLOGY	0		0	.00	.00	.000	.00	.00		
RADIOLOGY	0		0	.00	.00	.000	.00	.00		
PSYCHIATRY	0		0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0		0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	0		0	.00	.00	.000	.00	.00		
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00		
PRESCRIPTION DRUGS	0		0	.00	.00	.000	.00	.00		
SNF/ICF	0		0	.00	.00	.000	.00	.00		
OUTPATIENTS	0		0	.00	.00	.000	.00	.00		
MEDICAL SUPPLIES	0		0	.00	.00	.000	.00	.00		
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS - DIAGNOSTIC	0		0	.00	.00	.000	.00	.00		
ORAL SURGERY	0		0	.00	.00	.000	.00	.00		
DRUGS	0		0	.00	.00	.000	.00	.00		
ANESTHESIA	0		0	.00	.00	.000	.00	.00		
PERIODONTICS	0		0	.00	.00	.000	.00	.00		
ENDODONTICS	0		0	.00	.00	.000	.00	.00		
RESTORATIVE DENTISTRY	0		0	.00	.00	.000	.00	.00		
PROSTHETICS	0		0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES	0		0	.00	.00	.000	.00	.00		
SPACE MAINTAINERS	0		0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0		0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0		0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0		0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	0		0	.00	.00	.000	.00	.00		

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EL DORADO COUNTY

SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
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SUMMARY OF SERVICES FOR RENAL DIALYSIS

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,800
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,801
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES 73			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,802
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,803
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,804

MOP024
EL DORADO COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
EL DORADO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS

PAGE 2,805
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,806
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,807
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 EL DORADO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,808
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,809
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F	

1,084 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	496	2,639	\$ 354,340.94	\$ 134.27	2.435	\$ 714.40	\$ 326.88
@PHYSICIANS SERVICES	271	698	\$ 56,157.22	\$ 80.45	.644	\$ 207.22	\$ 51.81
OUTPATIENT VISITS	142	227	13,195.14	58.13	.209	92.92	12.17
OFFICE VISITS	25	25	1,333.57	53.34	.023	53.34	1.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	52	57	3,633.49	63.75	.053	69.87	3.35

PREVENTIVE CARE	1	1	37.39	37.39	.001	37.39	.03
OB VISITS/COMPRE PERI	74	144	8,190.69	56.88	.133	110.69	7.56
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	49	101	4,557.76	45.13	.093	93.02	4.20
HOSPITAL VISITS	48	97	4,088.21	42.15	.089	85.17	3.77
CRITICAL CARE	3	4	469.55	117.39	.004	156.52	.43
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	47	167	29,078.54	174.12	.154	618.69	26.83
PRINCIPAL SURGEON	35	47	25,451.89	541.53	.043	727.20	23.48
ASSISTANT SURGEON	5	5	982.04	196.41	.005	196.41	.91
ANESTHESIOLOGIST	13	115	2,644.61	23.00	.106	203.43	2.44
OUTPATIENT SURGERY	11	18	2,052.88	114.05	.017	186.63	1.89
PRINCIPAL SURGEON	11	18	2,052.88	114.05	.017	186.63	1.89

ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	58	81		1,591.83	19.65	.075	27.45	1.47
RADIOLOGY	56	73		4,160.07	56.99	.067	74.29	3.84
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	5		102.70	20.54	.005	25.68	.09
OTHER SERVICES/ALL X-OVERS	23	26		1,418.30	54.55	.024	61.67	1.31
@PHARMACY	149	317	\$	20,644.96	\$ 65.13	.292	\$ 138.56	\$ 19.05
PRESCRIPTION DRUGS	142	290		19,927.67	68.72	.268	140.34	18.38
SNF/ICF	8	65		2,763.74	42.52	.060	345.47	2.55
OUTPATIENTS	134	225		17,163.93	76.28	.208	128.09	15.83
MEDICAL SUPPLIES	9	27		717.29	26.57	.025	79.70	.66
@DENTIST	14	84	\$	726.00	\$ 8.64	.077	\$ 51.86	\$.67
VISITS - DIAGNOSTIC	12	29		300.00	10.34	.027	25.00	.28
ORAL SURGERY	2	3		138.00	46.00	.003	69.00	.13
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		118.00	59.00	.002	59.00	.11
ENDODONTICS	3	20		.00	.00	.018	.00	.00
RESTORATIVE DENTISTRY	5	28		170.00	6.07	.026	34.00	.16
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2		.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 2,810 01/29/04

1,084 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	5	\$ 52.24	\$ 10.45	.005	\$ 13.06	\$.05
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	5	52.24	10.45	.005	13.06	.05
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	222	1,054	\$ 242,960.50	\$ 230.51	.972	\$ 1094.42	\$ 224.13
HOSP INPATIENT TOTAL	47	181	225,757.24	1247.28	.167	4803.35	208.26
HSC HOSPITALS	5	12	14,919.00	1243.25	.011	2983.80	13.76
NON-HSC HOSPITAL TOTAL	42	169	210,838.24	1247.56	.156	5019.96	194.50
ACCOMMODATIONS	42	169	85,453.86	505.64	.156	2034.62	78.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	42	169	85,453.86	505.64	.156	2034.62	78.83
ANCILLARIES	42	0	125,384.38	.00	.000	2985.34	115.67

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	198	873	17,203.26	19.71	.805	86.89	15.87
MEDICAL	9	18	298.73	16.60	.017	33.19	.28
SURGERY	12	12	290.34	24.20	.011	24.20	.27
PATHOLOGY	147	637	9,611.88	15.09	.588	65.39	8.87
RADIOLOGY	38	41	2,681.37	65.40	.038	70.56	2.47
ROOM USE	70	90	3,147.99	34.98	.083	44.97	2.90
CROSSOVERS/ALL OTH OUTPTNT	48	75	1,172.95	15.64	.069	24.44	1.08
@COUNTY HOSPITAL TOTAL	1	2	2,379.00	1189.50	.002	2379.00	2.19
CO HOSPITAL INPATIENT TOTAL	1	2	2,379.00	1189.50	.002	2379.00	2.19
HSC HOSPITALS	1	2	2,379.00	1189.50	.002	2379.00	2.19
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,811
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

	1,084 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	221	1,052	\$	240,581.50	\$ 228.69	.970	\$ 1088.60	\$ 221.94
COMM HOSP INPATIENT TOTAL	46	179		223,378.24	1247.92	.165	4856.05	206.07
HSC HOSPITALS	4	10		12,540.00	1254.00	.009	3135.00	11.57
NON-HSC HOSPITALS TOTAL	42	169		210,838.24	1247.56	.156	5019.96	194.50
ACCOMMODATIONS	42	169		85,453.86	505.64	.156	2034.62	78.83
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	42	169		85,453.86	505.64	.156	2034.62	78.83
ANCILLARIES	42	0		125,384.38	.00	.000	2985.34	115.67
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	198	873		17,203.26	19.71	.805	86.89	15.87
MEDICAL	9	18		298.73	16.60	.017	33.19	.28
SURGERY	12	12		290.34	24.20	.011	24.20	.27
PATHOLOGY	147	637		9,611.88	15.09	.588	65.39	8.87
RADIOLOGY	38	41		2,681.37	65.40	.038	70.56	2.47
ROOM USE	70	90		3,147.99	34.98	.083	44.97	2.90
CROSSOVERS/ALL OTH OUTPTNT	48	75		1,172.95	15.64	.069	24.44	1.08
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	9	276	\$	23,317.75	\$ 84.48	.255	\$ 2590.86	\$ 21.51
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

LEV B-REGULAR	9	276		23,317.75		84.48	.255	2590.86	21.51
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	15	41	\$	616.62	\$	15.04	.038	\$ 41.11	\$.57
PATHOLOGY	15	41		616.62		15.04	.038	41.11	.57
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	19	25	\$	1,815.05	\$	72.60	.023	\$ 95.53	\$ 1.67
CLINIC	8	13		353.07		27.16	.012	44.13	.33
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	11	12		1,461.98		121.83	.011	132.91	1.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,812
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F								

	1,084 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	31	139	\$	8,050.60	\$ 57.92	.128	\$ 259.70	\$ 7.43
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	114		5,943.95	52.14	.105	457.23	5.48
AMBULANCES/AIR TRANS	13	112		2,343.95	20.93	.103	180.30	2.16
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.002	1800.00	3.32
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	17	17		1,761.00	103.59	.016	103.59	1.62
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	8		345.65	43.21	.007	172.83	.32
@CALIF. CHILDREN SERVICES*	1	1	\$	16.80	\$ 16.80	.001	\$ 16.80	\$.02
@XOVER EXCLUDING STATE HOSP**	4	5	\$	52.24	\$ 10.45	.005	\$ 13.06	\$.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,813
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04

EL DORADO COUNTY

SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	4	12	\$ 1,356.67	\$ 113.06	1.500	\$ 339.17	\$ 169.58
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	4	12	\$ 1,356.67	\$ 113.06	1.500	\$ 339.17	\$ 169.58
PRESCRIPTION DRUGS	1	6	1,356.67	226.11	.750	1356.67	169.58
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	6	1,356.67	226.11	.750	1356.67	169.58
MEDICAL SUPPLIES	3	6	.00	.00	.750	.00	.00
@DENTIST	0	0	.00	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR REFUGEES

MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 2,814

01/29/04

AID CODES 01 02 08 0A

08 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAYMONTHLY AVERAGE
UNITS/DAYS
PER ELIGCOST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,815
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR REFUGEES	AID CODES 01 02 08 0A	

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,816
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,817
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	46	465	\$ 32,155.07	\$ 69.15	16.607	\$ 699.02	\$ 1148.40
@PHYSICIANS SERVICES	33	233	\$ 9,734.36	\$ 41.78	8.321	\$ 294.98	\$ 347.66
OUTPATIENT VISITS	13	20	695.16	34.76	.714	53.47	24.83
OFFICE VISITS	9	16	550.72	34.42	.571	61.19	19.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.036	44.60	1.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	99.84	33.28	.107	33.28	3.57
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	20	1,887.44	94.37	.714	943.72	67.41
PRINCIPAL SURGEON	1	1	1,520.10	1520.10	.036	1520.10	54.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	19	367.34	19.33	.679	367.34	13.12
OUTPATIENT SURGERY	8	10	785.85	78.59	.357	98.23	28.07
PRINCIPAL SURGEON	7	7	705.85	100.84	.250	100.84	25.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	80.00	26.67	.107	80.00	2.86
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	20	972.29	48.61	.714	97.23	34.72
RADIOLOGY	9	61	4,762.24	78.07	2.179	529.14	170.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	72	219.36	3.05	2.571	219.36	7.83
OTHER SERVICES/ALL X-OVERS	7	30	412.02	13.73	1.071	58.86	14.72
@PHARMACY	24	72	\$ 4,815.17	\$ 66.88	2.571	\$ 200.63	\$ 171.97
PRESCRIPTION DRUGS	24	72	4,815.17	66.88	2.571	200.63	171.97
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	24	72	4,815.17	66.88	2.571	200.63	171.97
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,818
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.143	\$ 100.56	\$ 3.59
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.036	47.45	1.69
EYE APPLIANCES	1	3	53.11	17.70	.107	53.11	1.90
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	24	131	\$ 16,514.35	\$ 126.06	4.679	\$ 688.10	\$ 589.80
HOSP INPATIENT TOTAL	2	9	13,095.75	1455.08	.321	6547.88	467.71
HSC HOSPITALS	1	4	4,824.00	1206.00	.143	4824.00	172.29
NON-HSC HOSPITAL TOTAL	1	5	8,271.75	1654.35	.179	8271.75	295.42
ACCOMMODATIONS	1	5	2,665.00	533.00	.179	2665.00	95.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,665.00	533.00	.179	2665.00	95.18
ANCILLARIES	1	0	5,606.75	.00	.000	5606.75	200.24
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23	122	3,418.60	28.02	4.357	148.63	122.09
MEDICAL	2	2	37.03	18.52	.071	18.52	1.32
SURGERY	2	2	166.62	83.31	.071	83.31	5.95
PATHOLOGY	13	72	579.59	8.05	2.571	44.58	20.70
RADIOLOGY	8	9	1,339.48	148.83	.321	167.44	47.84
ROOM USE	6	11	613.69	55.79	.393	102.28	21.92
CROSSOVERS/ALL OTH OUTPTNT	4	26	682.19	26.24	.929	170.55	24.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,819
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24	131	\$ 16,514.35	\$ 126.06	4.679	\$ 688.10	\$ 589.80
COMM HOSP INPATIENT TOTAL	2	9	13,095.75	1455.08	.321	6547.88	467.71
HSC HOSPITALS	1	4	4,824.00	1206.00	.143	4824.00	172.29
NON-HSC HOSPITALS TOTAL	1	5	8,271.75	1654.35	.179	8271.75	295.42
ACCOMMODATIONS	1	5	2,665.00	533.00	.179	2665.00	95.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	5	2,665.00	533.00	.179	2665.00	95.18
ANCILLARIES	1	0	5,606.75	.00	.000	5606.75	200.24
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	23	122	3,418.60	28.02	4.357	148.63	122.09
MEDICAL	2	2	37.03	18.52	.071	18.52	1.32
SURGERY	2	2	166.62	83.31	.071	83.31	5.95
PATHOLOGY	13	72	579.59	8.05	2.571	44.58	20.70
RADIOLOGY	8	9	1,339.48	148.83	.321	167.44	47.84
ROOM USE	6	11	613.69	55.79	.393	102.28	21.92
CROSSOVERS/ALL OTH OUTPTNT	4	26	682.19	26.24	.929	170.55	24.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	13	\$ 217.98	\$ 16.77	.464	\$ 72.66	\$ 7.79
PATHOLOGY	3	13	217.98	16.77	.464	72.66	7.79
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	8	\$ 724.73	\$ 90.59	.286	\$ 241.58	\$ 25.88
CLINIC	1	2	49.25	24.63	.071	49.25	1.76
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	6	675.48	112.58	.214	337.74	24.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,820
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL						AID CODES 0M 0N 0P

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	4	\$ 47.92	\$ 11.98	.143	\$ 23.96	\$ 1.71
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.071	26.08	.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2		21.84	10.92	.071	21.84	.78
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	5	51	\$	894.07	\$	17.53	1.821	\$ 178.81 \$ 31.93

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,821
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES 0R 0T 0U 0V	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3	3	\$ 260.63	\$ 86.88	.000	\$ 86.88	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	2	1	\$ 32.09	\$ 32.09	.000	\$ 16.05	\$.00
PRESCRIPTION DRUGS	2	1	32.09	32.09	.000	16.05	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	1	32.09	32.09	.000	16.05	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,822
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY						AID CODES 0R 0T 0U 0V
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,823
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	2	2	\$	228.54	\$	114.27	.000	\$	114.27	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2		228.54		114.27	.000		114.27		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,824
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,825
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL		

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	49	468	\$ 32,415.70	\$ 69.26	16.714	\$ 661.54	\$ 1157.70
@PHYSICIANS SERVICES	33	233	\$ 9,734.36	\$ 41.78	8.321	\$ 294.98	\$ 347.66
OUTPATIENT VISITS	13	20	695.16	34.76	.714	53.47	24.83
OFFICE VISITS	9	16	550.72	34.42	.571	61.19	19.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.036	44.60	1.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	99.84	33.28	.107	33.28	3.57
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	20	1,887.44	94.37	.714	943.72	67.41
PRINCIPAL SURGEON	1	1	1,520.10	1520.10	.036	1520.10	54.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	19	367.34	19.33	.679	367.34	13.12
OUTPATIENT SURGERY	8	10	785.85	78.59	.357	98.23	28.07
PRINCIPAL SURGEON	7	7	705.85	100.84	.250	100.84	25.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	80.00	26.67	.107	80.00	2.86
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	20	972.29	48.61	.714	97.23	34.72

RADIOLOGY	9	61		4,762.24		78.07	2.179	529.14	170.08
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	72		219.36		3.05	2.571	219.36	7.83
OTHER SERVICES/ALL X-OVERS	7	30		412.02		13.73	1.071	58.86	14.72
@PHARMACY	26	73	\$	4,847.26	\$	66.40	2.607	186.43	173.12
PRESCRIPTION DRUGS	26	73		4,847.26		66.40	2.607	186.43	173.12
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	26	73		4,847.26		66.40	2.607	186.43	173.12
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,826
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
						UNITS/DAYS PER ELIG			
@OPTOMETRIST	1	4	\$	100.56	\$ 25.14	.143	\$	100.56	\$ 3.59
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.036		47.45	1.69
EYE APPLIANCES	1	3		53.11	17.70	.107		53.11	1.90
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0		.00	.00	.000		.00	.00
OTHER SERVICES	0	0		.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00	.00
SURGERY/ANES.	0	0		.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00	.00
OTHER	0	0		.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	24	131	\$	16,514.35	\$ 126.06	4.679	\$	688.10	\$ 589.80
HOSP INPATIENT TOTAL	2	9		13,095.75	1455.08	.321		6547.88	467.71
HSC HOSPITALS	1	4		4,824.00	1206.00	.143		4824.00	172.29
NON-HSC HOSPITAL TOTAL	1	5		8,271.75	1654.35	.179		8271.75	295.42
ACCOMMODATIONS	1	5		2,665.00	533.00	.179		2665.00	95.18
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	1	5		2,665.00	533.00	.179		2665.00	95.18
ANCILLARIES	1	0		5,606.75	.00	.000		5606.75	200.24
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	23	122		3,418.60	28.02	4.357		148.63	122.09
MEDICAL	2	2		37.03	18.52	.071		18.52	1.32

SURGERY	2	2	166.62	83.31	.071	83.31	5.95
PATHOLOGY	13	72	579.59	8.05	2.571	44.58	20.70
RADIOLOGY	8	9	1,339.48	148.83	.321	167.44	47.84
ROOM USE	6	11	613.69	55.79	.393	102.28	21.92
CROSSOVERS/ALL OTH OUTPTNT	4	26	682.19	26.24	.929	170.55	24.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,827
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24	131	\$ 16,514.35	\$ 126.06	4.679	\$ 688.10	\$ 589.80
COMM HOSP INPATIENT TOTAL	2	9	13,095.75	1455.08	.321	6547.88	467.71
HSC HOSPITALS	1	4	4,824.00	1206.00	.143	4824.00	172.29
NON-HSC HOSPITALS TOTAL	1	5	8,271.75	1654.35	.179	8271.75	295.42
ACCOMMODATIONS	1	5	2,665.00	533.00	.179	2665.00	95.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,665.00	533.00	.179	2665.00	95.18
ANCILLARIES	1	0	5,606.75	.00	.000	5606.75	200.24
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	23	122	3,418.60	28.02	4.357	148.63	122.09
MEDICAL	2	2	37.03	18.52	.071	18.52	1.32
SURGERY	2	2	166.62	83.31	.071	83.31	5.95
PATHOLOGY	13	72	579.59	8.05	2.571	44.58	20.70
RADIOLOGY	8	9	1,339.48	148.83	.321	167.44	47.84
ROOM USE	6	11	613.69	55.79	.393	102.28	21.92
CROSSOVERS/ALL OTH OUTPTNT	4	26	682.19	26.24	.929	170.55	24.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	13	\$	217.98	\$	16.77	.464	\$ 72.66	\$ 7.79
PATHOLOGY	3	13		217.98		16.77	.464	72.66	7.79
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	10	\$	953.27	\$	95.33	.357	\$ 190.65	\$ 34.05
CLINIC	1	2		49.25		24.63	.071	49.25	1.76
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	4	8		904.02		113.00	.286	226.01	32.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,828
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	4	\$ 47.92	\$ 11.98	.143	\$ 23.96	\$ 1.71
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.071	26.08	.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	21.84	10.92	.071	21.84	.78
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	5	51	\$ 894.07	\$ 17.53	1.821	\$ 178.81	\$ 31.93

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,829
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY								

AID CODE 80

180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	17	49	\$	1,146.23	\$	23.39	.272	\$	67.43	\$	6.37
@PHYSICIANS SERVICES	11	26	\$	237.98	\$	9.15	.144	\$	21.63	\$	1.32
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	26		237.98	9.15	.144	21.63	1.32
@PHARMACY	0	1	\$	49.48CR	\$	49.48CR	.006	\$.27CR
PRESCRIPTION DRUGS	0	1		49.48CR		49.48CR	.006	.27CR
SNF/ICF	0	0		.00		.00	.00	.00
OUTPATIENTS	0	1		49.48CR		49.48CR	.006	.27CR
MEDICAL SUPPLIES	0	0		.00		.00	.00	.00
@DENTIST	1	0	\$	.00	\$	.00	.000	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00
ORAL SURGERY	0	0		.00		.00	.000	.00
DRUGS	0	0		.00		.00	.000	.00
ANESTHESIA	0	0		.00		.00	.000	.00
PERIODONTICS	0	0		.00		.00	.000	.00
ENDODONTICS	1	1		.00		.00	.006	.00
RESTORATIVE DENTISTRY	0	1CR		.00		.00	.006CR	.00
PROSTHETICS	0	0		.00		.00	.000	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,830
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$	15.00	\$ 15.00	.006	\$ 15.00	\$.08
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1		15.00	15.00	.006	15.00	.08
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	14	\$	906.75	\$ 64.77	.078	\$ 129.54	\$ 5.04
HOSP INPATIENT TOTAL	1	5		840.00	168.00	.028	840.00	4.67
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	5	840.00	168.00	.028	840.00	4.67
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	9	66.75	7.42	.050	11.13	.37
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	9	66.75	7.42	.050	11.13	.37
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
EL DORADO COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY						
				AID CODE 80			
				----- MONTHLY AVERAGE -----			
180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	14	\$ 906.75	\$ 64.77	.078	\$ 129.54	\$ 5.04
COMM HOSP INPATIENT TOTAL	1	5	840.00	168.00	.028	840.00	4.67
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	5	840.00	168.00	.028	840.00	4.67
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	9	66.75	7.42	.050	11.13	.37
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	9	66.75	7.42	.050	11.13	.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV											
MOP024											
EL DORADO COUNTY											

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR QMB - ONLY

PAGE 2,832
 01/29/04

AID CODE 80

180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	7	\$ 35.98	\$ 5.14	.039	\$ 35.98	\$.20
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	7	35.98	5.14	.039	35.98	.20
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 16 43 \$ 1,195.71 \$ 27.81 .239 \$ 74.73 \$ 6.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,833
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 EL DORADO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

1,831 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	565	6,858	\$ 95,500.84	\$ 13.93	3.745	\$ 169.03	\$ 52.16
@PHYSICIANS SERVICES	246	417	\$ 15,624.03	\$ 37.47	.228	\$ 63.51	\$ 8.53
OUTPATIENT VISITS	216	270	10,205.48	37.80	.147	47.25	5.57
OFFICE VISITS	139	163	5,567.56	34.16	.089	40.05	3.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	75	84	4,152.78	49.44	.046	55.37	2.27
PREVENTIVE CARE	1	1	37.39	37.39	.001	37.39	.02
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	16	22	447.75	20.35	.012	27.98	.24
INPATIENT VISITS	5	7	839.00	119.86	.004	167.80	.46
HOSPITAL VISITS	3	5	241.00	48.20	.003	80.33	.13
CRITICAL CARE	2	2	598.00	299.00	.001	299.00	.33
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	8	210.50	26.31	.004	105.25	.11
PRINCIPAL SURGEON	1	1	74.46	74.46	.001	74.46	.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	136.04	19.43	.004	136.04	.07
OUTPATIENT SURGERY	25	78	3,284.82	42.11	.043	131.39	1.79
PRINCIPAL SURGEON	16	18	1,823.67	101.32	.010	113.98	1.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	60	1,461.15	24.35	.033	146.12	.80
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	11	70.70	6.43	.006	7.07	.04
RADIOLOGY	15	31	817.95	26.39	.017	54.53	.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	12	195.58	16.30	.007	17.78	.11
@PHARMACY	195	5,316	\$ 10,272.17	\$ 1.93	2.903	\$ 52.68	\$ 5.61
PRESCRIPTION DRUGS	194	316	8,884.06	28.11	.173	45.79	4.85
SNF/ICF	1	2	253.11	126.56	.001	253.11	.14
OUTPATIENTS	194	314	8,630.95	27.49	.171	44.49	4.71
MEDICAL SUPPLIES	11	5,000	1,388.11	.28	2.731	126.19	.76
@DENTIST	58	326	\$ 10,709.00	\$ 32.85	.178	\$ 184.64	\$ 5.85
VISITS - DIAGNOSTIC	47	183	2,971.00	16.23	.100	63.21	1.62
ORAL SURGERY	5	20	795.00	39.75	.011	159.00	.43
DRUGS	1	1	25.00	25.00	.001	25.00	.01
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	8	31	2,201.00	71.00	.017	275.13	1.20
RESTORATIVE DENTISTRY	16	84	4,357.00	51.87	.046	272.31	2.38
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	4	4	360.00	90.00	.002	90.00	.20
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	3	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 2,834
01/29/04

	1,831 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	10	\$	286.99	\$ 28.70	.005	\$ 47.83	\$.16
DIAGNOSTIC AND ANC. PROCED	5	5		222.60	44.52	.003	44.52	.12
EYE APPLIANCES	2	5		64.39	12.88	.003	32.20	.04
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	.00	.00
@TOTAL HOSPITAL	123	440	\$	45,672.18	\$	103.80	.240	371.32
HOSP INPATIENT TOTAL	9	27		36,189.75		1340.36	.015	4021.08
HSC HOSPITALS	4	17		21,121.00		1242.41	.009	5280.25
NON-HSC HOSPITAL TOTAL	5	10		15,068.75		1506.88	.005	3013.75
ACCOMMODATIONS	5	10		5,368.14		536.81	.005	1073.63
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	5	10		5,368.14		536.81	.005	1073.63
ANCILLARIES	5	0		9,700.61		.00	.000	1940.12
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
HOSP OUTPATIENT TOTAL	114	413		9,482.43		22.96	.226	83.18
MEDICAL	18	21		244.08		11.62	.011	13.56
SURGERY	15	20		541.45		27.07	.011	36.10
PATHOLOGY	36	121		1,333.92		11.02	.066	37.05
RADIOLOGY	18	22		531.77		24.17	.012	29.54
ROOM USE	96	142		5,477.68		38.58	.078	57.06
CROSSOVERS/ALL OTH OUTPTNT	47	87		1,353.53		15.56	.048	28.80
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000	.00	.00
HSC HOSPITALS	0	0		.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000	.00	.00
ACCOMMODATIONS	0	0		.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	.00
ANCILLARIES	0	0		.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000	.00	.00
MEDICAL	0	0		.00		.000	.00	.00
SURGERY	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
ROOM USE	0	0		.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,835
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	1,831 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	123	440	\$	45,672.18	\$ 103.80	.240	\$ 371.32	\$ 24.94
COMM HOSP INPATIENT TOTAL	9	27		36,189.75	1340.36	.015	4021.08	19.77
HSC HOSPITALS	4	17		21,121.00	1242.41	.009	5280.25	11.54
NON-HSC HOSPITALS TOTAL	5	10		15,068.75	1506.88	.005	3013.75	8.23
ACCOMMODATIONS	5	10		5,368.14	536.81	.005	1073.63	2.93
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	10		5,368.14	536.81	.005	1073.63	2.93
ANCILLARIES	5	0		9,700.61	.00	.000	1940.12	5.30
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	114	413		9,482.43		22.96	.226	83.18	5.18
MEDICAL	18	21		244.08		11.62	.011	13.56	.13
SURGERY	15	20		541.45		27.07	.011	36.10	.30
PATHOLOGY	36	121		1,333.92		11.02	.066	37.05	.73
RADIOLOGY	18	22		531.77		24.17	.012	29.54	.29
ROOM USE	96	142		5,477.68		38.58	.078	57.06	2.99
CROSSOVERS/ALL OTH OUTPTNT	47	87		1,353.53		15.56	.048	28.80	.74
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	8	\$	112.97	\$	14.12	.004	37.66	.06
PATHOLOGY	3	8		112.97		14.12	.004	37.66	.06
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	69	115	\$	8,691.60	\$	75.58	.063	125.97	4.75
CLINIC	13	29		320.28		11.04	.016	24.64	.17
SURGICENTER	3	23		630.58		27.42	.013	210.19	.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	53	63		7,740.74		122.87	.034	146.05	4.23
#CALIF DEPT OF HEALTH SERV									
MOP024									
EL DORADO COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 2,836
 01/29/04

	1,831 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17		226	\$ 4,131.90	\$ 18.28	.123	\$ 243.05	\$ 2.26
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10		106	3,288.32	31.02	.058	328.83	1.80
AMBULANCES/AIR TRANS	10		105	1,488.32	14.17	.057	148.83	.81
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	1,800.00	1800.00	.001	1800.00	.98
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	3		8	58.36	7.30	.004	19.45	.03
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	112	785.22	7.01	.061	196.31	.43
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	12	57	\$ 13,092.88	\$ 229.70	.031	\$ 1091.07	\$ 7.15
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,837
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 EL DORADO COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

1,833 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	599	5,897	\$ 100,871.39	\$ 17.11	3.217 \$ 168.40 \$ 55.03
@PHYSICIANS SERVICES	191	335	\$ 15,742.82	\$ 46.99	.183 \$ 82.42 \$ 8.59
OUTPATIENT VISITS	153	189	8,103.82	42.88	.103 52.97 4.42
OFFICE VISITS	88	105	3,928.84	37.42	.057 44.65 2.14
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	63	66	3,368.26	51.03	.036 53.46 1.84
PREVENTIVE CARE	3	3	164.49	54.83	.002 54.83 .09
OB VISITS/COMPRE PERI	2	4	307.75	76.94	.002 153.88 .17
OTHER OUTPATIENT	11	11	334.48	30.41	.006 30.41 .18
INPATIENT VISITS	5	12	1,455.34	121.28	.007 291.07 .79
HOSPITAL VISITS	4	6	429.64	71.61	.003 107.41 .23
CRITICAL CARE	2	6	1,025.70	170.95	.003 512.85 .56
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000 .00 .00
EXAMINATIONS	0	0	.00	.00	.000 .00 .00
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	4	33	2,552.06	77.34	.018 638.02 1.39
PRINCIPAL SURGEON	3	4	1,917.98	479.50	.002 639.33 1.05
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	2	29	634.08	21.86	.016 317.04 .35
OUTPATIENT SURGERY	14	13	1,710.72	131.59	.007 122.19 .93
PRINCIPAL SURGEON	14	13	1,710.72	131.59	.007 122.19 .93
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
DIALYSIS	0	0	.00	.00	.000 .00 .00
PATHOLOGY	16	20	379.26	18.96	.011 23.70 .21
RADIOLOGY	36	50	633.05	12.66	.027 17.58 .35
PSYCHIATRY	0	0	.00	.00	.000 .00 .00
IMMUNIZATION AND INJECTION	2	2	167.76	83.88	.001 83.88 .09
OTHER SERVICES/ALL X-OVERS	11	16	740.81	46.30	.009 67.35 .40
@PHARMACY	192	4,064	\$ 14,679.64	\$ 3.61	2.217 \$ 76.46 \$ 8.01
PRESCRIPTION DRUGS	182	328	11,909.00	36.31	.179 65.43 6.50
SNF/ICF	2	2	49.80	24.90	.001 24.90 .03
OUTPATIENTS	180	326	11,859.20	36.38	.178 65.88 6.47
MEDICAL SUPPLIES	14	3,736	2,770.64	.74	2.038 197.90 1.51
@DENTIST	123	609	\$ 17,623.00	\$ 28.94	.332 \$ 143.28 \$ 9.61
VISITS - DIAGNOSTIC	80	381	6,153.00	16.15	.208 76.91 3.36
ORAL SURGERY	13	36	2,136.00	59.33	.020 164.31 1.17
DRUGS	0	0	.00	.00	.000 .00 .00
ANESTHESIA	1	1	100.00	100.00	.001 100.00 .05

PERIODONTICS	1	1	55.00	55.00	.001	55.00	.03
ENDODONTICS	11	14	1,656.00	118.29	.008	150.55	.90
RESTORATIVE DENTISTRY	50	163	7,025.00	43.10	.089	140.50	3.83
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.004	288.00	.16
SPACE MAINTAINERS	1	1	.00	.00	.001	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	135.00	45.00	.002	45.00	.07
ALL OTHER SERVICES	6	2	75.00	37.50	.001	12.50	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,838
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
	AID CODES 7A 7C 8R 8T						
	----- MONTHLY AVERAGE -----						
1,833 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	19	44 \$	1,194.22	\$ 27.14	.024	\$ 62.85	\$.65
DIAGNOSTIC AND ANC. PROCED	18	18	854.10	47.45	.010	47.45	.47
EYE APPLIANCES	9	26	340.12	13.08	.014	37.79	.19
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2 \$	44.00	\$ 22.00	.001	\$ 44.00	\$.02
MEDICINE/INJECTIONS	1	2	44.00	22.00	.001	44.00	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	12 \$	215.20	\$ 17.93	.007	\$ 215.20	\$.12
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	101	377 \$	38,307.39	\$ 101.61	.206	\$ 379.28	\$ 20.90
HOSP INPATIENT TOTAL	6	12	30,637.77	2553.15	.007	5106.30	16.71
HSC HOSPITALS	2	3	3,768.00	1256.00	.002	1884.00	2.06
NON-HSC HOSPITAL TOTAL	4	9	26,869.77	2985.53	.005	6717.44	14.66
ACCOMMODATIONS	4	9	14,440.40	1604.49	.005	3610.10	7.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	9	14,440.40	1604.49	.005	3610.10	7.88
ANCILLARIES	4	0	12,429.37	.00	.000	3107.34	6.78
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	96	365	7,669.62	21.01	.199	79.89	4.18
MEDICAL	13	15	236.11	15.74	.008	18.16	.13
SURGERY	10	10	103.35	10.34	.005	10.34	.06
PATHOLOGY	37	141	1,645.27	11.67	.077	44.47	.90
RADIOLOGY	36	50	1,822.12	36.44	.027	50.61	.99
ROOM USE	75	80	2,972.29	37.15	.044	39.63	1.62
CROSSOVERS/ALL OTH OUTPTNT	42	69	890.48	12.91	.038	21.20	.49
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,839
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	1,833 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		101	377 \$	38,307.39	\$ 101.61	.206	\$ 379.28	\$ 20.90

----- MONTHLY AVERAGE -----

COMM HOSP INPATIENT TOTAL	6	12		30,637.77	2553.15	.007	5106.30	16.71
HSC HOSPITALS	2	3		3,768.00	1256.00	.002	1884.00	2.06
NON-HSC HOSPITALS TOTAL	4	9		26,869.77	2985.53	.005	6717.44	14.66
ACCOMMODATIONS	4	9		14,440.40	1604.49	.005	3610.10	7.88
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	9		14,440.40	1604.49	.005	3610.10	7.88
ANCILLARIES	4	0		12,429.37	.00	.000	3107.34	6.78
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	96	365		7,669.62	21.01	.199	79.89	4.18
MEDICAL	13	15		236.11	15.74	.008	18.16	.13
SURGERY	10	10		103.35	10.34	.005	10.34	.06
PATHOLOGY	37	141		1,645.27	11.67	.077	44.47	.90
RADIOLOGY	36	50		1,822.12	36.44	.027	50.61	.99
ROOM USE	75	80		2,972.29	37.15	.044	39.63	1.62
CROSSOVERS/ALL OTH OUTPTNT	42	69		890.48	12.91	.038	21.20	.49
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	14	\$	381.19	27.23	.008	63.53	.21
PATHOLOGY	6	14		381.19	27.23	.008	63.53	.21
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	54	76	\$	9,483.68	124.79	.041	175.62	5.17
CLINIC	7	13		179.05	13.77	.007	25.58	.10
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	47	63		9,304.63	147.69	.034	197.97	5.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,840
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM							
	AID CODES 7A 7C 8R 8T							

						----- MONTHLY AVERAGE -----		
1,833 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	83	364	\$	3,200.25	\$ 8.79	.199	\$ 38.56	\$ 1.75
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	98		682.58	6.97	.053	85.32	.37
AMBULANCES/AIR TRANS	8	98		682.58	6.97	.053	85.32	.37
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	25	216.22	8.65	.014	18.02	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	64	241	2,301.45	9.55	.131	35.96	1.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	14	459	\$ 7,985.80	\$ 17.40	.250	\$ 570.41	\$ 4.36
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,841
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 EL DORADO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	220	671	\$ 30,360.23	\$ 45.25	.000	\$ 138.00	\$.00
@PHYSICIANS SERVICES	181	484	\$ 24,380.37	\$ 50.37	.000	\$ 134.70	\$.00
OUTPATIENT VISITS	127	282	17,699.74	62.77	.000	139.37	.00
OFFICE VISITS	14	14	203.87	14.56	.000	14.56	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	116	268	17,495.87	65.28	.000	150.83	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	6	428.50	71.42	.000	71.42	.00
PRINCIPAL SURGEON	6	6	428.50	71.42	.000	71.42	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	7	14	1,345.90	96.14	.000	192.27	.00
PRINCIPAL SURGEON	7	11	1,210.90	110.08	.000	172.99	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	3	135.00	45.00	.000	45.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	127	138	1,416.19	10.26	.000	11.15	.00
RADIOLOGY	38	39	3,465.04	88.85	.000	91.19	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	5	25.00	5.00	.000	25.00	.00

@PHARMACY	15	30	\$	267.72	\$	8.92	.000	\$	17.85	\$	.00
PRESCRIPTION DRUGS	15	30		267.72		8.92	.000		17.85		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	15	30		267.72		8.92	.000		17.85		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,842
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	37	90	\$ 3,046.54	\$ 33.85	.000	\$ 82.34	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	37	90	3,046.54	33.85	.000	82.34	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	33	75	2,600.18	34.67	.000	78.79	.00
RADIOLOGY	2	2	125.59	62.80	.000	62.80	.00
ROOM USE	3	3	117.00	39.00	.000	39.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	2	10		203.77		20.38	.000	101.89		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,843
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	37	90	\$ 3,046.54	\$ 33.85	.000	\$ 82.34	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	37	90	3,046.54	33.85	.000	82.34	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	33	75	2,600.18	34.67	.000	78.79	.00	
RADIOLOGY	2	2	125.59	62.80	.000	62.80	.00	
ROOM USE	3	3	117.00	39.00	.000	39.00	.00	
CROSSEOVERS/ALL OTH OUTPTNT	2	10	203.77	20.38	.000	101.89	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	57	\$	1,616.73	\$	28.36	.000	\$	107.78	\$	.00
PATHOLOGY	15	57		1,616.73		28.36	.000		107.78		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$	418.87	\$	104.72	.000	\$	104.72	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	4		418.87		104.72	.000		104.72		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,844
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G										
							----- MONTHLY AVERAGE -----				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	6	\$	630.00	\$ 105.00	.000	\$ 105.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6		630.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,845
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM	AID CODE 7H

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	32	417	\$ 10,761.64	\$ 25.81	14.379	\$ 336.30	\$ 371.09
@PHYSICIANS SERVICES	9	31	\$ 951.80	\$ 30.70	1.069	\$ 105.76	\$ 32.82
OUTPATIENT VISITS	8	15	439.90	29.33	.517	54.99	15.17
OFFICE VISITS	8	15	439.90	29.33	.517	54.99	15.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	15	474.30	31.62	.517	237.15	16.36
HOSPITAL VISITS	2	15	474.30	31.62	.517	237.15	16.36
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
PSYCHIATRY	0	0		.00		.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		37.60	37.60	.034	37.60	1.30
@PHARMACY	5	12	\$	438.76	\$ 36.56	.414	\$ 87.75	\$ 15.13
PRESCRIPTION DRUGS	5	12		438.76	36.56	.414	87.75	15.13
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	5	12		438.76	36.56	.414	87.75	15.13
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,846
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H							

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	104	\$ 4,235.89	\$ 40.73	3.586	\$ 470.65	\$ 146.07
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	104	4,235.89	40.73	3.586	470.65	146.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	24	258.26	10.76	.828	51.65	8.91
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	8	69	2,998.63	43.46	2.379	374.83	103.40
CROSSOVERS/ALL OTH OUTPTNT	1	11	979.00	89.00	.379	979.00	33.76
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,847
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	104	\$ 4,235.89	\$ 40.73	3.586	\$ 470.65	\$ 146.07
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	104	4,235.89	40.73	3.586	470.65	146.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	24	258.26	10.76	.828	51.65	8.91
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	8	69	2,998.63	43.46	2.379	374.83	103.40
CROSSOVERS/ALL OTH OUTPTNT	1	11	979.00	89.00	.379	979.00	33.76
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20	270	\$	5,135.19	\$	19.02	9.310	\$ 256.76 \$ 177.08
CLINIC	20	270		5,135.19		19.02	9.310	256.76 177.08
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H							

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01/29/04

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 2,849
01/29/04

	561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	274		1,445	\$ 136,004.68	\$ 94.12	2.576	\$ 496.37	\$ 242.43
@PHYSICIANS SERVICES	149		402	\$ 31,843.60	\$ 79.21	.717	\$ 213.72	\$ 56.76
OUTPATIENT VISITS	49		61	4,352.10	71.35	.109	88.82	7.76
OFFICE VISITS	21		22	1,217.29	55.33	.039	57.97	2.17
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8		8	499.30	62.41	.014	62.41	.89
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	23		30	2,629.07	87.64	.053	114.31	4.69
OTHER OUTPATIENT	1		1	6.44	6.44	.002	6.44	.01
INPATIENT VISITS	29		47	2,262.92	48.15	.084	78.03	4.03

HOSPITAL VISITS	28	39		1,617.08		41.46	.070	57.75	2.88
CRITICAL CARE	2	8		645.84		80.73	.014	322.92	1.15
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	33	118		17,006.31		144.12	.210	515.34	30.31
PRINCIPAL SURGEON	28	39		15,528.51		398.17	.070	554.59	27.68
ASSISTANT SURGEON	1	1		186.50		186.50	.002	186.50	.33
ANESTHESIOLOGIST	7	78		1,291.30		16.56	.139	184.47	2.30
OUTPATIENT SURGERY	18	26		3,998.15		153.78	.046	222.12	7.13
PRINCIPAL SURGEON	14	17		3,515.66		206.80	.030	251.12	6.27
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	9	9		482.49		53.61	.016	53.61	.86
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	30	49		340.08		6.94	.087	11.34	.61
RADIOLOGY	39	46		3,058.82		66.50	.082	78.43	5.45
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	32		423.10		13.22	.057	32.55	.75
OTHER SERVICES/ALL X-OVERS	11	23		402.12		17.48	.041	36.56	.72
@PHARMACY	51	79	\$	1,866.23	\$	23.62	.141	36.59	3.33
PRESCRIPTION DRUGS	51	79		1,866.23		23.62	.141	36.59	3.33
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	51	79		1,866.23		23.62	.141	36.59	3.33
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,850
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N								

561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	7	123	\$	1,805.71	\$	14.68	.219	\$	257.96	\$	3.22
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	107	558	\$	87,969.74	\$	157.65	.995	\$	822.15	\$	156.81
HOSP INPATIENT TOTAL	23	64		77,683.43		1213.80	.114		3377.54		138.47
HSC HOSPITALS	3	15		21,880.01		1458.67	.027		7293.34		39.00
NON-HSC HOSPITAL TOTAL	20	49		55,803.42		1138.85	.087		2790.17		99.47
ACCOMMODATIONS	18	49		19,645.11		400.92	.087		1091.40		35.02
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	49		19,645.11		400.92	.087		1091.40		35.02
ANCILLARIES	20	0		36,158.31		.00	.000		1807.92		64.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	98	494		10,286.31		20.82	.881		104.96		18.34
MEDICAL	1	1		47.58		47.58	.002		47.58		.08
SURGERY	9	12		351.30		29.28	.021		39.03		.63
PATHOLOGY	83	366		5,886.63		16.08	.652		70.92		10.49
RADIOLOGY	11	12		741.87		61.82	.021		67.44		1.32
ROOM USE	42	62		2,410.62		38.88	.111		57.40		4.30
CROSSOVERS/ALL OTH OUTPTNT	21	41		848.31		20.69	.073		40.40		1.51
@COUNTY HOSPITAL TOTAL	4	31	\$	917.07	\$	29.58	.055	\$	229.27	\$	1.63
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	31		917.07		29.58	.055		229.27		1.63
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	3	4		116.54		29.14	.007		38.85		.21
PATHOLOGY	2	14		276.78		19.77	.025		138.39		.49
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	7		464.93		66.42	.012		232.47		.83
CROSSOVERS/ALL OTH OUTPTNT	3	6		58.82		9.80	.011		19.61		.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,851
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N										

	561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	104		527	\$ 87,052.67	\$ 165.19	.939	\$ 837.04	\$ 155.17
COMM HOSP INPATIENT TOTAL	23		64	77,683.43	1213.80	.114	3377.54	138.47
HSC HOSPITALS	3		15	21,880.01	1458.67	.027	7293.34	39.00
NON-HSC HOSPITALS TOTAL	20		49	55,803.42	1138.85	.087	2790.17	99.47
ACCOMMODATIONS	18		49	19,645.11	400.92	.087	1091.40	35.02
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18		49	19,645.11	400.92	.087	1091.40	35.02
ANCILLARIES	20		0	36,158.31	.00	.000	1807.92	64.45
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	95		463	9,369.24	20.24	.825	98.62	16.70
MEDICAL	1		1	47.58	47.58	.002	47.58	.08
SURGERY	6		8	234.76	29.35	.014	39.13	.42
PATHOLOGY	82		352	5,609.85	15.94	.627	68.41	10.00

RADIOLOGY	11	12		741.87	61.82	.021	67.44	1.32
ROOM USE	41	55		1,945.69	35.38	.098	47.46	3.47
CROSSOVERS/ALL OTH OUTPTNT	19	35		789.49	22.56	.062	41.55	1.41
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	20	38	\$	649.04	\$ 17.08	.068	\$ 32.45	\$ 1.16
PATHOLOGY	20	38		649.04	17.08	.068	32.45	1.16
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	54	231	\$	9,501.18	\$ 41.13	.412	\$ 175.95	\$ 16.94
CLINIC	37	176		6,472.87	36.78	.314	174.94	11.54
SURGICENTER	6	40		973.64	24.34	.071	162.27	1.74
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	15		2,054.67	136.98	.027	186.79	3.66
#CALIF DEPT OF HEALTH SERV								
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SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N									
----- MONTHLY AVERAGE -----									
561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	14	14	\$ 2,369.18	\$ 169.23	.025	\$ 169.23	\$ 4.22		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00		
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	13	13	1,262.50	97.12	.023	97.12	2.25		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	0	0	.00	.00	.000	.00	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00		
NONINST BIRTHING CENTERS	1	1	1,106.68	1106.68	.002	1106.68	1.97		

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ 2,030.00	\$.00	.000	\$.00	\$ 3.62
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,853
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38

674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	423	1,362	\$ 65,025.70	\$ 47.74	2.021	\$ 153.73	\$ 96.48
@PHYSICIANS SERVICES	111	191	\$ 9,390.86	\$ 49.17	.283	\$ 84.60	\$ 13.93
OUTPATIENT VISITS	91	117	4,476.77	38.26	.174	49.20	6.64
OFFICE VISITS	48	59	1,823.32	30.90	.088	37.99	2.71
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	41	46	2,251.48	48.95	.068	54.91	3.34
PREVENTIVE CARE	1	1	43.85	43.85	.001	43.85	.07
OB VISITS/COMPRE PERI	1	3	181.44	60.48	.004	181.44	.27
OTHER OUTPATIENT	6	8	176.68	22.09	.012	29.45	.26
INPATIENT VISITS	3	10	385.73	38.57	.015	128.58	.57
HOSPITAL VISITS	3	10	385.73	38.57	.015	128.58	.57
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	30.00	30.00	.001	30.00	.04
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	1	1	30.00	30.00	.001	30.00	.04
INPATIENT HOSPITAL SURGERY	2	2	836.71	418.36	.003	418.36	1.24
PRINCIPAL SURGEON	2	2	836.71	418.36	.003	418.36	1.24
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	6	928.35	154.73	.009	185.67	1.38
PRINCIPAL SURGEON	5	5	849.70	169.94	.007	169.94	1.26
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	78.65	78.65	.001	78.65	.12
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	7	103.96	14.85	.010	17.33	.15
RADIOLOGY	20	26	916.87	35.26	.039	45.84	1.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	14	1,566.35	111.88	.021	522.12	2.32
OTHER SERVICES/ALL X-OVERS	5	8	146.12	18.27	.012	29.22	.22
@PHARMACY	210	390	\$ 16,932.32	\$ 43.42	.579	\$ 80.63	\$ 25.12
PRESCRIPTION DRUGS	206	355	16,391.03	46.17	.527	79.57	24.32
SNF/ICF	3	16	1,023.61	63.98	.024	341.20	1.52
OUTPATIENTS	203	339	15,367.42	45.33	.503	75.70	22.80
MEDICAL SUPPLIES	5	35	541.29	15.47	.052	108.26	.80
@DENTIST	34	144	\$ 5,175.68	\$ 35.94	.214	\$ 152.23	\$ 7.68
VISITS - DIAGNOSTIC	21	83	1,219.00	14.69	.123	58.05	1.81
ORAL SURGERY	2	3	210.00	70.00	.004	105.00	.31
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.001	.00	.00
ENDODONTICS	4	6	1,392.00	232.00	.009	348.00	2.07
RESTORATIVE DENTISTRY	8	33	1,615.00	48.94	.049	201.88	2.40
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1	7	288.00	41.14	.010	288.00	.43
SPACE MAINTAINERS	1	1	120.00	120.00	.001	120.00	.18
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	6	8	331.68	41.46	.012	55.28	.49
ALL OTHER SERVICES	1	2	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

AID CODE 38

PAGE 2,854
01/29/04

674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 42.85	\$ 14.28	.004	\$ 42.85	\$.06
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	42.85	14.28	.004	42.85	.06
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.003	\$	33.44	\$	.05
VISITS	1	2		33.44		16.72	.003		33.44		.05
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	2	\$	90.05	\$	45.03	.003	\$	45.03	\$	.13
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	101	358	\$	22,207.93	\$	62.03	.531	\$	219.88	\$	32.95
HOSP INPATIENT TOTAL	2	9		13,686.76		1520.75	.013		6843.38		20.31
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	9		13,686.76		1520.75	.013		6843.38		20.31
ACCOMMODATIONS	2	9		4,551.00		505.67	.013		2275.50		6.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	9		4,551.00		505.67	.013		2275.50		6.75
ANCILLARIES	2	0		9,135.76		.00	.000		4567.88		13.55
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	100	349		8,521.17		24.42	.518		85.21		12.64
MEDICAL	17	29		1,000.68		34.51	.043		58.86		1.48
SURGERY	7	8		237.20		29.65	.012		33.89		.35
PATHOLOGY	33	106		1,301.33		12.28	.157		39.43		1.93
RADIOLOGY	20	23		1,533.89		66.69	.034		76.69		2.28
ROOM USE	76	99		3,433.11		34.68	.147		45.17		5.09
CROSSOVERS/ALL OTH OUTPTNT	41	84		1,014.96		12.08	.125		24.76		1.51
@COUNTY HOSPITAL TOTAL	1	2	\$	41.47	\$	20.74	.003	\$	41.47	\$	.06
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		41.47		20.74	.003		41.47		.06
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		33.11		33.11	.001		33.11		.05
CROSSOVERS/ALL OTH OUTPTNT	1	1		8.36		8.36	.001		8.36		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,855
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	101	356	\$	22,166.46	\$ 62.27	.528	\$ 219.47	\$ 32.89
COMM HOSP INPATIENT TOTAL	2	9		13,686.76	1520.75	.013	6843.38	20.31
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	9		13,686.76	1520.75	.013	6843.38	20.31
ACCOMMODATIONS	2	9		4,551.00	505.67	.013	2275.50	6.75

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	9	4,551.00	505.67	.013	2275.50	6.75
ANCILLARIES	2	0	9,135.76	.00	.000	4567.88	13.55
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	100	347	8,479.70	24.44	.515	84.80	12.58
MEDICAL	17	29	1,000.68	34.51	.043	58.86	1.48
SURGERY	7	8	237.20	29.65	.012	33.89	.35
PATHOLOGY	33	106	1,301.33	12.28	.157	39.43	1.93
RADIOLOGY	20	23	1,533.89	66.69	.034	76.69	2.28
ROOM USE	76	98	3,400.00	34.69	.145	44.74	5.04
CROSSOVERS/ALL OTH OUTPTNT	40	83	1,006.60	12.13	.123	25.17	1.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	62	\$ 848.39	\$ 13.68	.092	\$ 70.70	\$ 1.26
PATHOLOGY	12	62	848.39	13.68	.092	70.70	1.26
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	48	74	\$ 8,654.11	\$ 116.95	.110	\$ 180.29	\$ 12.84
CLINIC	6	15	803.82	53.59	.022	133.97	1.19
SURGICENTER	2	10	243.41	24.34	.015	121.71	.36
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	40	49	7,606.88	155.24	.073	190.17	11.29

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	136	\$ 1,650.07	\$ 12.13	.202	\$ 50.00	\$ 2.45
DURABLE MED. EQUIP.	2	2	327.55	163.78	.003	163.78	.49
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	25	343.23	13.73	.037	114.41	.51
AMBULANCES/AIR TRANS	3	25	343.23	13.73	.037	114.41	.51
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	7	14		139.10		9.94	.021	19.87	.21
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	93		818.67		8.80	.138	40.93	1.21
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2		21.52		10.76	.003	21.52	.03
@CALIF. CHILDREN SERVICES*	3	33	\$	796.46	\$	24.14	.049	\$ 265.49	\$ 1.18
@XOVER EXCLUDING STATE HOSP**	2	5	\$	4.51	\$	.90	.007	\$ 2.26	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,857
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	66	398	\$ 21,110.57	\$ 53.04	1.665	\$ 319.86	\$ 88.33
@PHYSICIANS SERVICES	27	80	\$ 8,489.90	\$ 106.12	.335	\$ 314.44	\$ 35.52
OUTPATIENT VISITS	17	30	1,077.11	35.90	.126	63.36	4.51
OFFICE VISITS	12	23	692.50	30.11	.096	57.71	2.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	338.85	56.48	.025	56.48	1.42
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.004	45.76	.19
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	20	2,817.75	140.89	.084	1408.88	11.79
PRINCIPAL SURGEON	1	5	2,145.19	429.04	.021	2145.19	8.98
ASSISTANT SURGEON	1	1	337.30	337.30	.004	337.30	1.41
ANESTHESIOLOGIST	1	14	335.26	23.95	.059	335.26	1.40
OUTPATIENT SURGERY	1	2	126.52	63.26	.008	126.52	.53
PRINCIPAL SURGEON	1	2	126.52	63.26	.008	126.52	.53
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	9	635.44	70.60	.038	317.72	2.66
RADIOLOGY	4	9	3,682.23	409.14	.038	920.56	15.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	10	150.85	15.09	.042	16.76	.63
@PHARMACY	43	127	\$ 6,655.76	\$ 52.41	.531	\$ 154.79	\$ 27.85
PRESCRIPTION DRUGS	43	125	6,654.08	53.23	.523	154.75	27.84
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	43	125	6,654.08	53.23	.523	154.75	27.84

MEDICAL SUPPLIES	1	2		1.68	.84	.008	1.68	.01
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,858	
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04	
EL DORADO COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P							

						----- MONTHLY AVERAGE -----			
239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	1	5	\$	76.21	\$ 15.24	.021	\$ 76.21	\$.32	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	1	5		76.21	15.24	.021	76.21	.32	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	27	163	\$	5,168.04	\$ 31.71	.682	\$ 191.41	\$ 21.62	
HOSP INPATIENT TOTAL	1	2		2,592.00	1296.00	.008	2592.00	10.85	
HSC HOSPITALS	1	2		2,420.00	1210.00	.008	2420.00	10.13	
NON-HSC HOSPITAL TOTAL	0	0		172.00	.00	.000	.00	.72	
ACCOMMODATIONS	0	0		172.02	.00	.000	.00	.72	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		172.02	.00	.000	.00	.72	
ANCILLARIES	0	0		.02CR	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	27	161		2,576.04	16.00	.674	95.41	10.78	
MEDICAL	2	3		40.41	13.47	.013	20.21	.17	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	13	110		1,286.98	11.70	.460	99.00	5.38	
RADIOLOGY	3	4		342.21	85.55	.017	114.07	1.43	
ROOM USE	8	8		299.00	37.38	.033	37.38	1.25	
CROSSOVERS/ALL OTH OUTPTNT	14	36		607.44	16.87	.151	43.39	2.54	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,859

MOP024
EL DORADO COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

01/29/04

239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	163	\$ 5,168.04	\$ 31.71	.682	\$ 191.41	\$ 21.62
COMM HOSP INPATIENT TOTAL	1	2	2,592.00	1296.00	.008	2592.00	10.85
HSC HOSPITALS	1	2	2,420.00	1210.00	.008	2420.00	10.13
NON-HSC HOSPITALS TOTAL	0	0	172.00	.00	.000	.00	.72
ACCOMMODATIONS	0	0	172.02	.00	.000	.00	.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	172.02	.00	.000	.00	.72
ANCILLARIES	0	0	.02CR	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	27	161	2,576.04	16.00	.674	95.41	10.78
MEDICAL	2	3	40.41	13.47	.013	20.21	.17
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	13	110	1,286.98	11.70	.460	99.00	5.38
RADIOLOGY	3	4	342.21	85.55	.017	114.07	1.43
ROOM USE	8	8	299.00	37.38	.033	37.38	1.25
CROSSOVERS/ALL OTH OUTPTNT	14	36	607.44	16.87	.151	43.39	2.54
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	6	197.56	32.93	.025	49.39	.83
PATHOLOGY	4	6	197.56	32.93	.025	49.39	.83
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	341.12	113.71	.013	170.56	1.43
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3	341.12	113.71	.013	170.56	1.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
EL DORADO COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

PAGE 2,860
01/29/04

239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	14	\$ 181.98	\$ 13.00	.059	\$ 90.99	\$.76
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	13	179.65	13.82	.054	179.65	.75
AMBULANCES/AIR TRANS	1	13	179.65	13.82	.054	179.65	.75
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	2.33	2.33	.004	2.33	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	14	40	\$ 518.07	\$ 12.95	.167	\$ 37.01	\$ 2.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,861
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED	AID CODE 1E	

117 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	177	2,894	\$ 260,089.80	\$ 89.87	24.735	\$ 1469.43	\$ 2222.99
@PHYSICIANS SERVICES	16	85	\$ 1,154.10	\$ 13.58	.726	\$ 72.13	\$ 9.86
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	16	85		1,154.10		13.58	.726	72.13	9.86
@PHARMACY	165	1,177	\$	39,996.61	\$	33.98	10.060	\$ 242.40	\$ 341.85
PRESCRIPTION DRUGS	164	617		39,736.67		64.40	5.274	242.30	339.63
SNF/ICF	55	273		15,524.66		56.87	2.333	282.27	132.69
OUTPATIENTS	110	344		24,212.01		70.38	2.940	220.11	206.94
MEDICAL SUPPLIES	7	560		259.94		.46	4.786	37.13	2.22
@DENTIST	10	41	\$	1,540.00	\$	37.56	.350	\$ 154.00	\$ 13.16
VISITS - DIAGNOSTIC	6	9		230.00		25.56	.077	38.33	1.97
ORAL SURGERY	2	16		715.00		44.69	.137	357.50	6.11
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	9		495.00		55.00	.077	495.00	4.23
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	3	7		100.00		14.29	.060	33.33	.85
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED								
						AID CODE 1E	----- MONTHLY AVERAGE -----		

117 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	26	\$ 350.95	\$ 13.50	.222	\$ 38.99	\$ 3.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	7	18	287.88	15.99	.154	41.13	2.46
OTHER OPTOMETRIC SERVICES	3	8	63.07	7.88	.068	21.02	.54
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	5	\$ 24.21	\$ 4.84	.043	\$ 4.84	\$.21
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	5	24.21	4.84	.043	4.84	.21
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	13	94	\$ 1,448.09	\$ 15.41	.803	\$ 111.39	\$ 12.38
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	13	94	1,448.09	15.41	.803	111.39	12.38
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	13	94	1,448.09	15.41	.803	111.39	12.38
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,863
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED						AID CODE 1E

117 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	94	\$ 1,448.09	\$ 15.41	.803	\$ 111.39	\$ 12.38
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	94	1,448.09	15.41	.803	111.39	12.38
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	13	94	1,448.09	15.41	.803	111.39	12.38
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	39	1,286	\$ 198,156.24	\$ 154.09	10.991	\$ 5080.93	\$ 1693.64
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	39	1,286	198,156.24	154.09	10.991	5080.93	1693.64
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00

117 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16	180	\$ 17,419.60	\$ 96.78	1.538	\$ 1088.73	\$ 148.89
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	5	171.45	34.29	.043	85.73	1.47
AMBULANCES/AIR TRANS	1	2	128.08	64.04	.017	128.08	1.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	3	43.37	14.46	.026	43.37	.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	128.16	10.68	.103	21.36	1.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	.33	.33	.009	.33	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	4	154	16,984.57	110.29	1.316	4246.14	145.17
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	8	135.09	16.89	.068	45.03	1.15
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	36	206	\$ 2,871.37	\$ 13.94	1.761	\$ 79.76	\$ 24.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22	685	\$ 116,017.20	\$ 169.37	57.083	\$ 5273.51	\$ 9668.10
@PHYSICIANS SERVICES	5	64	\$ 3,048.63	\$ 47.63	5.333	\$ 609.73	\$ 254.05
OUTPATIENT VISITS	3	9	408.33	45.37	.750	136.11	34.03
OFFICE VISITS	2	6	212.70	35.45	.500	106.35	17.73
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	176.43	88.22	.167	88.22	14.70
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.083	19.20	1.60
INPATIENT VISITS	1	17	530.37	31.20	1.417	530.37	44.20
HOSPITAL VISITS	1	17	530.37	31.20	1.417	530.37	44.20
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	24		1,647.89	68.66	2.000	823.95	137.32
PRINCIPAL SURGEON	2	4		1,301.26	325.32	.333	650.63	108.44
ASSISTANT SURGEON	1	1		113.92	113.92	.083	113.92	9.49
ANESTHESIOLOGIST	1	19		232.71	12.25	1.583	232.71	19.39
OUTPATIENT SURGERY	2	2		145.19	72.60	.167	72.60	12.10
PRINCIPAL SURGEON	2	2		145.19	72.60	.167	72.60	12.10
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		120.47	60.24	.167	120.47	10.04
RADIOLOGY	2	5		59.86	11.97	.417	29.93	4.99
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	5		136.52	27.30	.417	68.26	11.38
@PHARMACY	20	172	\$	9,606.87	\$ 55.85	14.333	\$ 480.34	\$ 800.57
PRESCRIPTION DRUGS	19	153		9,199.13	60.13	12.750	484.16	766.59
SNF/ICF	14	117		6,678.48	57.08	9.750	477.03	556.54
OUTPATIENTS	5	36		2,520.65	70.02	3.000	504.13	210.05
MEDICAL SUPPLIES	3	19		407.74	21.46	1.583	135.91	33.98
@DENTIST	1	5	\$	64.00	\$ 12.80	.417	\$ 64.00	\$ 5.33
VISITS - DIAGNOSTIC	1	5		64.00	12.80	.417	64.00	5.33
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,866
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E							

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 5.82	\$ 5.82	.083	\$ 5.82	\$.49
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	5.82	5.82	.083	5.82	.49
@HOME HEALTH AGENCY	2	19	\$ 1,422.34	\$ 74.86	1.583	\$ 711.17	\$ 118.53
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	29	\$ 29,182.18	\$ 1006.28	2.417	\$ 5836.44	\$ 2431.85

HOSP INPATIENT TOTAL	1	17	29,019.00	1707.00	1.417	29019.00	2418.25
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	17	29,019.00	1707.00	1.417	29019.00	2418.25
ACCOMMODATIONS	1	17	9,061.00	533.00	1.417	9061.00	755.08
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	17	9,061.00	533.00	1.417	9061.00	755.08
ANCILLARIES	1	0	19,958.00	.00	.000	19958.00	1663.17
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	12	163.18	13.60	1.000	40.80	13.60
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	9	109.47	12.16	.750	54.74	9.12
RADIOLOGY	1	1	21.92	21.92	.083	21.92	1.83
ROOM USE	1	1	28.00	28.00	.083	28.00	2.33
CROSSOVERS/ALL OTH OUTPTNT	1	1	3.79	3.79	.083	3.79	.32
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,867
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E						

	12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5		29	\$ 29,182.18	\$ 1006.28	2.417	\$ 5836.44	\$ 2431.85
COMM HOSP INPATIENT TOTAL	1		17	29,019.00	1707.00	1.417	29019.00	2418.25
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1		17	29,019.00	1707.00	1.417	29019.00	2418.25
ACCOMMODATIONS	1		17	9,061.00	533.00	1.417	9061.00	755.08
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1		17	9,061.00	533.00	1.417	9061.00	755.08
ANCILLARIES	1		0	19,958.00	.00	.000	19958.00	1663.17
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4		12	163.18	13.60	1.000	40.80	13.60
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	2		9	109.47	12.16	.750	54.74	9.12
RADIOLOGY	1		1	21.92	21.92	.083	21.92	1.83
ROOM USE	1		1	28.00	28.00	.083	28.00	2.33
CROSSOVERS/ALL OTH OUTPTNT	1		1	3.79	3.79	.083	3.79	.32
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13	382	\$ 72,354.01	\$ 189.41	31.833	\$ 5565.69	\$ 6029.50
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	13	382	72,354.01	189.41	31.833	5565.69	6029.50
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,868
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E						

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	13	\$ 333.35	\$ 25.64	1.083	\$ 111.12	\$ 27.78
DURABLE MED. EQUIP.	2	5	183.97	36.79	.417	91.99	15.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	8	149.38	18.67	.667	149.38	12.45
AMBULANCES/AIR TRANS	1	8	149.38	18.67	.667	149.38	12.45
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	2	2	\$	9.61	\$	4.81	.167	\$	4.81	\$	.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,869
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E	

526 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	510	8,997	\$ 254,919.42	\$ 28.33	17.105	\$ 499.84	\$ 484.64
@PHYSICIANS SERVICES	76	224	\$ 10,662.60	\$ 47.60	.426	\$ 140.30	\$ 20.27
OUTPATIENT VISITS	41	55	1,956.11	35.57	.105	47.71	3.72
OFFICE VISITS	22	27	852.14	31.56	.051	38.73	1.62

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	12	13		717.35	55.18	.025	59.78	1.36
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	15		386.62	25.77	.029	35.15	.74
INPATIENT VISITS	2	9		487.22	54.14	.017	243.61	.93
HOSPITAL VISITS	2	9		487.22	54.14	.017	243.61	.93
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		236.41	236.41	.002	236.41	.45
PRINCIPAL SURGEON	1	1		236.41	236.41	.002	236.41	.45
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	22		1,694.68	77.03	.042	338.94	3.22
PRINCIPAL SURGEON	5	6		1,344.01	224.00	.011	268.80	2.56
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16		350.67	21.92	.030	175.34	.67
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	7		117.55	16.79	.013	29.39	.22
RADIOLOGY	14	24		4,664.20	194.34	.046	333.16	8.87
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	16		58.90	3.68	.030	58.90	.11
OTHER SERVICES/ALL X-OVERS	36	90		1,447.53	16.08	.171	40.21	2.75
@PHARMACY	429	2,923	\$	148,594.88	\$ 50.84	5.557	\$ 346.38	\$ 282.50
PRESCRIPTION DRUGS	419	1,496		147,000.70	98.26	2.844	350.84	279.47
SNF/ICF	15	97		3,985.09	41.08	.184	265.67	7.58
OUTPATIENTS	405	1,399		143,015.61	102.23	2.660	353.12	271.89
MEDICAL SUPPLIES	20	1,427		1,594.18	1.12	2.713	79.71	3.03
@DENTIST	30	109	\$	3,497.00	\$ 32.08	.207	\$ 116.57	\$ 6.65
VISITS - DIAGNOSTIC	24	85		1,126.00	13.25	.162	46.92	2.14
ORAL SURGERY	2	2		170.00	85.00	.004	85.00	.32
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	4	4		283.00	70.75	.008	70.75	.54
ENDODONTICS	1	1		330.00	330.00	.002	330.00	.63
RESTORATIVE DENTISTRY	7	11		1,263.00	114.82	.021	180.43	2.40
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	4		325.00	81.25	.008	108.33	.62
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2		.00	.00	.004	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

PAGE 2,870 01/29/04

526 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	30	\$ 542.22	\$ 18.07	.057	\$ 60.25	\$ 1.03
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.006	47.45	.27
EYE APPLIANCES	7	24	363.32	15.14	.046	51.90	.69
OTHER OPTOMETRIC SERVICES	2	3	36.55	12.18	.006	18.28	.07
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.004	\$ 33.44	\$.06
VISITS	1	2	33.44	16.72	.004	33.44	.06
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	7	\$ 59.32	\$ 8.47	.013	\$ 11.86	\$.11

MEDICINE/INJECTIONS	0	0		.00		.000	.00	.00
SURGERY/ANES.	0	0		.00		.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	5	7		59.32	8.47	.013	11.86	.11
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00		.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00		.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00		.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00		.000	\$.00	\$.00
@TOTAL HOSPITAL	92	574	\$	19,434.57	33.86	1.091	\$ 211.25	\$ 36.95
HOSP INPATIENT TOTAL	8	8		5,832.71	729.09	.015	729.09	11.09
HSC HOSPITALS	1	1		1,290.00	1290.00	.002	1290.00	2.45
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	7	7		4,542.71	648.96	.013	648.96	8.64
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	87	566		13,601.86	24.03	1.076	156.34	25.86
MEDICAL	8	17		302.06	17.77	.032	37.76	.57
SURGERY	2	2		222.63	111.32	.004	111.32	.42
PATHOLOGY	40	202		2,042.50	10.11	.384	51.06	3.88
RADIOLOGY	13	15		3,461.74	230.78	.029	266.29	6.58
ROOM USE	25	59		2,750.02	46.61	.112	110.00	5.23
CROSSOVERS/ALL OTH OUTPTNT	39	271		4,822.91	17.80	.515	123.66	9.17
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

					----- MONTHLY AVERAGE -----			
526 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	92	574	\$ 19,434.57	\$ 33.86	1.091	\$ 211.25	\$ 36.95	
COMM HOSP INPATIENT TOTAL	8	8	5,832.71	729.09	.015	729.09	11.09	
HSC HOSPITALS	1	1	1,290.00	1290.00	.002	1290.00	2.45	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	

INPATIENT CROSSOVERS	7	7		4,542.71	648.96	.013	648.96	8.64
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	87	566		13,601.86	24.03	1.076	156.34	25.86
MEDICAL	8	17		302.06	17.77	.032	37.76	.57
SURGERY	2	2		222.63	111.32	.004	111.32	.42
PATHOLOGY	40	202		2,042.50	10.11	.384	51.06	3.88
RADIOLOGY	13	15		3,461.74	230.78	.029	266.29	6.58
ROOM USE	25	59		2,750.02	46.61	.112	110.00	5.23
CROSSOVERS/ALL OTH OUTPTNT	39	271		4,822.91	17.80	.515	123.66	9.17
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	13	367	\$	59,902.67	\$ 163.22	.698	\$ 4607.90	\$ 113.88
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	13	367		59,902.67	163.22	.698	4607.90	113.88
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	38	\$	603.73	\$ 15.89	.072	\$ 120.75	\$ 1.15
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	5	38		603.73	15.89	.072	120.75	1.15
@LABORATORY FACILITY	7	24	\$	470.48	\$ 19.60	.046	\$ 67.21	\$.89
PATHOLOGY	7	24		470.48	19.60	.046	67.21	.89
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20	28	\$	2,745.28	\$ 98.05	.053	\$ 137.26	\$ 5.22
CLINIC	3	4		88.20	22.05	.008	29.40	.17
SURGICENTER	2	4		194.11	48.53	.008	97.06	.37
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	16	20		2,462.97	123.15	.038	153.94	4.68

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

526 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	55	4,671	\$ 8,373.23	\$ 1.79	8.880	\$ 152.24	\$ 15.92
DURABLE MED. EQUIP.	5	7	1,065.19	152.17	.013	213.04	2.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	44	272.33	6.19	.084	136.17	.52
AMBULANCES/AIR TRANS	1	44	272.33	6.19	.084	272.33	.52
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	9	744.00	82.67	.017	744.00	1.41
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	20	187.76	9.39	.038	20.86	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.002	.50	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	6	215.43	35.91	.011	107.72	.41
HOSPICE SERVICES	1	30	4,038.90	134.63	.057	4038.90	7.68
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	40	341.37	8.53	.076	42.67	.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27	4,514	1,507.75	.33	8.582	55.84	2.87
@CALIF. CHILDREN SERVICES*	5	39	\$ 920.50	\$ 23.60	.074	\$ 184.10	\$ 1.75
@XOVER EXCLUDING STATE HOSP**	77	345	\$ 9,169.27	\$ 26.58	.656	\$ 119.08	\$ 17.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,873
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

655 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	709	12,576	\$ 631,026.42	\$ 50.18	19.200	\$ 890.02	\$ 963.40
@PHYSICIANS SERVICES	97	373	\$ 14,865.33	\$ 39.85	.569	\$ 153.25	\$ 22.70
OUTPATIENT VISITS	44	64	2,364.44	36.94	.098	53.74	3.61
OFFICE VISITS	24	33	1,064.84	32.27	.050	44.37	1.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	15	893.78	59.59	.023	63.84	1.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	12	16	405.82	25.36	.024	33.82	.62
INPATIENT VISITS	3	26	1,017.59	39.14	.040	339.20	1.55
HOSPITAL VISITS	3	26	1,017.59	39.14	.040	339.20	1.55
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	25	1,884.30	75.37	.038	628.10	2.88
PRINCIPAL SURGEON	3	5	1,537.67	307.53	.008	512.56	2.35
ASSISTANT SURGEON	1	1	113.92	113.92	.002	113.92	.17
ANESTHESIOLOGIST	1	19	232.71	12.25	.029	232.71	.36
OUTPATIENT SURGERY	7	24	1,839.87	76.66	.037	262.84	2.81
PRINCIPAL SURGEON	7	8	1,489.20	186.15	.012	212.74	2.27
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16	350.67	21.92	.024	175.34	.54
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	9	238.02	26.45	.014	47.60	.36
RADIOLOGY	16	29	4,724.06	162.90	.044	295.25	7.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	16	58.90	3.68	.024	58.90	.09
OTHER SERVICES/ALL X-OVERS	54	180	2,738.15	15.21	.275	50.71	4.18
@PHARMACY	614	4,272	\$ 198,198.36	\$ 46.39	6.522	\$ 322.80	\$ 302.59
PRESCRIPTION DRUGS	602	2,266	195,936.50	86.47	3.460	325.48	299.14
SNF/ICF	84	487	26,188.23	53.77	.744	311.76	39.98
OUTPATIENTS	520	1,779	169,748.27	95.42	2.716	326.44	259.16
MEDICAL SUPPLIES	30	2,006	2,261.86	1.13	3.063	75.40	3.45
@DENTIST	41	155	\$ 5,101.00	\$ 32.91	.237	\$ 124.41	\$ 7.79
VISITS - DIAGNOSTIC	31	99	1,420.00	14.34	.151	45.81	2.17
ORAL SURGERY	4	18	885.00	49.17	.027	221.25	1.35

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	283.00	70.75	.006	70.75	.43
ENDODONTICS	1	1	330.00	330.00	.002	330.00	.50
RESTORATIVE DENTISTRY	8	20	1,758.00	87.90	.031	219.75	2.68
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	11	425.00	38.64	.017	70.83	.65
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024
 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 2,874
 01/29/04

----- MONTHLY AVERAGE -----

655 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	56	\$ 893.17	\$ 15.95	.085	\$ 49.62	\$ 1.36
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.005	47.45	.22
EYE APPLIANCES	14	42	651.20	15.50	.064	46.51	.99
OTHER OPTOMETRIC SERVICES	5	11	99.62	9.06	.017	19.92	.15
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.003	\$ 33.44	\$.05
VISITS	1	2	33.44	16.72	.003	33.44	.05
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	13	\$ 89.35	\$ 6.87	.020	\$ 8.12	\$.14
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	13	89.35	6.87	.020	8.12	.14
@HOME HEALTH AGENCY	2	19	\$ 1,422.34	\$ 74.86	.029	\$ 711.17	\$ 2.17
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	110	697	\$ 50,064.84	\$ 71.83	1.064	\$ 455.13	\$ 76.43
HOSP INPATIENT TOTAL	9	25	34,851.71	1394.07	.038	3872.41	53.21
HSC HOSPITALS	1	1	1,290.00	1290.00	.002	1290.00	1.97
NON-HSC HOSPITAL TOTAL	1	17	29,019.00	1707.00	.026	29019.00	44.30
ACCOMMODATIONS	1	17	9,061.00	533.00	.026	9061.00	13.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	17	9,061.00	533.00	.026	9061.00	13.83
ANCILLARIES	1	0	19,958.00	.00	.000	19958.00	30.47
INPATIENT CROSSOVERS	7	7	4,542.71	648.96	.011	648.96	6.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	104	672	15,213.13	22.64	1.026	146.28	23.23
MEDICAL	8	17	302.06	17.77	.026	37.76	.46
SURGERY	2	2	222.63	111.32	.003	111.32	.34
PATHOLOGY	42	211	2,151.97	10.20	.322	51.24	3.29
RADIOLOGY	14	16	3,483.66	217.73	.024	248.83	5.32
ROOM USE	26	60	2,778.02	46.30	.092	106.85	4.24
CROSSOVERS/ALL OTH OUTPTNT	53	366	6,274.79	17.14	.559	118.39	9.58
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,875
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

655 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	110	697	\$	50,064.84	\$ 71.83	1.064	\$ 455.13	\$ 76.43
COMM HOSP INPATIENT TOTAL	9	25		34,851.71	1394.07	.038	3872.41	53.21
HSC HOSPITALS	1	1		1,290.00	1290.00	.002	1290.00	1.97
NON-HSC HOSPITALS TOTAL	1	17		29,019.00	1707.00	.026	29019.00	44.30
ACCOMMODATIONS	1	17		9,061.00	533.00	.026	9061.00	13.83
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	17		9,061.00	533.00	.026	9061.00	13.83
ANCILLARIES	1	0		19,958.00	.00	.000	19958.00	30.47
INPATIENT CROSSOVERS	7	7		4,542.71	648.96	.011	648.96	6.94
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	104	672		15,213.13	22.64	1.026	146.28	23.23
MEDICAL	8	17		302.06	17.77	.026	37.76	.46
SURGERY	2	2		222.63	111.32	.003	111.32	.34
PATHOLOGY	42	211		2,151.97	10.20	.322	51.24	3.29
RADIOLOGY	14	16		3,483.66	217.73	.024	248.83	5.32
ROOM USE	26	60		2,778.02	46.30	.092	106.85	4.24
CROSSOVERS/ALL OTH OUTPTNT	53	366		6,274.79	17.14	.559	118.39	9.58
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	65	2,035	\$	330,412.92	\$ 162.37	3.107	\$ 5083.28	\$ 504.45
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	65	2,035		330,412.92	162.37	3.107	5083.28	504.45
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	38	\$	603.73	\$ 15.89	.058	\$ 120.75	\$.92
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	5	38		603.73	15.89	.058	120.75	.92
@LABORATORY FACILITY	7	24	\$	470.48	\$ 19.60	.037	\$ 67.21	\$.72
PATHOLOGY	7	24		470.48	19.60	.037	67.21	.72
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20	28	\$	2,745.28	\$ 98.05	.043	\$ 137.26	\$ 4.19
CLINIC	3	4		88.20	22.05	.006	29.40	.13
SURGICENTER	2	4		194.11	48.53	.006	97.06	.30
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	16	20		2,462.97	123.15	.031	153.94	3.76

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 2,876 01/29/04

655 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	74	4,864	\$ 26,126.18	\$ 5.37	7.426	\$ 353.06	\$ 39.89
DURABLE MED. EQUIP.	7	12	1,249.16	104.10	.018	178.45	1.91
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	57	593.16	10.41	.087	118.63	.91
AMBULANCES/AIR TRANS	3	54	549.79	10.18	.082	183.26	.84
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	2	3	43.37	14.46	.005	21.69	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	9	744.00	82.67	.014	744.00	1.14
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	32	315.92	9.87	.049	21.06	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.002	.50	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	.33	.33	.002	.33	.00
SPEECH AND AUDIOLOGY	2	6	215.43	35.91	.009	107.72	.33
HOSPICE SERVICES	5	184	21,023.47	114.26	.281	4204.69	32.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	40	341.37	8.53	.061	42.67	.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	30	4,522	1,642.84	.36	6.904	54.76	2.51
@CALIF. CHILDREN SERVICES*	5	39	\$ 920.50	\$ 23.60	.060	\$ 184.10	\$ 1.41
@XOVER EXCLUDING STATE HOSP**	115	553	\$ 12,050.25	\$ 21.79	.844	\$ 104.78	\$ 18.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,877
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	TOTAL CERTIFIED	

159,154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	87,380	1,377,482	\$ 47,932,215.09	\$ 34.80	8.655	\$ 548.55	\$ 301.17
@PHYSICIANS SERVICES	30,297	80,751	\$ 3,473,157.63	\$ 43.01	.507	\$ 114.64	\$ 21.82
OUTPATIENT VISITS	19,023	25,825	1,087,772.73	42.12	.162	57.18	6.83
OFFICE VISITS	10,593	13,269	454,838.40	34.28	.083	42.94	2.86
HOME VISITS	4	4	231.92	57.98	.000	57.98	.00
EMERGENCY ROOM	7,282	8,578	456,251.43	53.19	.054	62.65	2.87
PREVENTIVE CARE	124	126	5,324.43	42.26	.001	42.94	.03
OB VISITS/COMPRE PERI	1,038	1,686	124,051.29	73.58	.011	119.51	.78
OTHER OUTPATIENT	1,768	2,162	47,075.26	21.77	.014	26.63	.30
INPATIENT VISITS	1,564	5,339	299,886.82	56.17	.034	191.74	1.88
HOSPITAL VISITS	1,453	4,460	199,536.41	44.74	.028	137.33	1.25
CRITICAL CARE	135	774	96,706.62	124.94	.005	716.35	.61
SNF/ICF/TRANS IP CARE	63	105	3,643.79	34.70	.001	57.84	.02
OPHTHALMOLOGICAL SERVICES	235	282	12,201.57	43.27	.002	51.92	.08
EXAMINATIONS	208	242	11,050.57	45.66	.002	53.13	.07
SERVICES AND MATERIALS	40	40	1,151.00	28.78	.000	28.78	.01
INPATIENT HOSPITAL SURGERY	1,375	6,295	779,737.90	123.87	.040	567.08	4.90
PRINCIPAL SURGEON	1,018	1,413	661,508.48	468.16	.009	649.81	4.16
ASSISTANT SURGEON	127	129	23,484.26	182.05	.001	184.92	.15
ANESTHESIOLOGIST	415	4,753	94,745.16	19.93	.030	228.30	.60
OUTPATIENT SURGERY	2,271	6,049	395,501.85	65.38	.038	174.15	2.49
PRINCIPAL SURGEON	1,904	2,486	318,100.27	127.96	.016	167.07	2.00
ASSISTANT SURGEON	12	12	1,005.14	83.76	.000	83.76	.01
ANESTHESIOLOGIST	523	3,551	76,396.44	21.51	.022	146.07	.48
DIALYSIS	4	21	932.48	44.40	.000	233.12	.01
PATHOLOGY	3,061	4,477	92,866.80	20.74	.028	30.34	.58
RADIOLOGY	5,183	8,453	370,793.84	43.87	.053	71.54	2.33
PSYCHIATRY	1	6	87.54	14.59	.000	87.54	.00

IMMUNIZATION AND INJECTION	521	2,188		84,230.49		38.50	.014	161.67	.53
OTHER SERVICES/ALL X-OVERS	7,270	21,816		349,145.61		16.00	.137	48.03	2.19
@PHARMACY	54,401	579,237	\$	14,191,838.05	\$	24.50	3.639	\$ 260.87	\$ 89.17
PRESCRIPTION DRUGS	53,844	181,633		13,803,298.58		76.00	1.141	256.36	86.73
SNF/ICF	3,324	21,188		1,026,648.11		48.45	.133	308.86	6.45
OUTPATIENTS	50,639	160,445		12,776,650.47		79.63	1.008	252.31	80.28
MEDICAL SUPPLIES	3,606	397,604		388,539.47		.98	2.498	107.75	2.44
@DENTIST	9,378	41,609	\$	1,806,602.08	\$	43.42	.261	\$ 192.64	\$ 11.35
VISITS - DIAGNOSTIC	6,151	23,682		360,081.19		15.20	.149	58.54	2.26
ORAL SURGERY	1,238	2,764		156,213.59		56.52	.017	126.18	.98
DRUGS	60	72		1,505.00		20.90	.000	25.08	.01
ANESTHESIA	24	24		2,225.00		92.71	.000	92.71	.01
PERIODONTICS	521	549		56,986.05		103.80	.003	109.38	.36
ENDODONTICS	845	1,482		283,767.08		191.48	.009	335.82	1.78
RESTORATIVE DENTISTRY	3,465	10,878		759,500.17		69.82	.068	219.19	4.77
PROSTHETICS	39	40		1,020.00		25.50	.000	26.15	.01
DENTURES, STAYPLATES	443	1,517		154,574.27		101.89	.010	348.93	.97
SPACE MAINTAINERS	57	66		6,413.00		97.17	.000	112.51	.04
MAXILLOFACIAL SERVICES	16	16		2,450.00		153.13	.000	153.13	.02
FRACTURES, DISLOCATIONS	2	2		280.00		140.00	.000	140.00	.00
ORTHODONTIC SERVICES	187	281		20,086.73		71.48	.002	107.42	.13
ALL OTHER SERVICES	208	236		1,500.00		6.36	.001	7.21	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,878
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED								

159,154 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,368	6,894	\$	151,155.27	\$ 21.93	.043	\$ 63.83	\$.95
DIAGNOSTIC AND ANC. PROCED	1,366	1,380		63,385.26	45.93	.009	46.40	.40
EYE APPLIANCES	1,857	5,276		82,698.05	15.67	.033	44.53	.52
OTHER OPTOMETRIC SERVICES	166	238		5,071.96	21.31	.001	30.55	.03
@CHIROPRACTOR	56	130	\$	2,106.72	\$ 16.21	.001	\$ 37.62	\$.01
VISITS	54	128		2,073.28	16.20	.001	38.39	.01
OTHER SERVICES	2	2		33.44	16.72	.000	16.72	.00
@PODIATRIST	639	746	\$	10,299.06	\$ 13.81	.005	\$ 16.12	\$.06
MEDICINE/INJECTIONS	50	60		1,981.63	33.03	.000	39.63	.01
SURGERY/ANES.	3	4		123.99	31.00	.000	41.33	.00
RADIO./PATHOLOGY	2	3		51.90	17.30	.000	25.95	.00
OTHER	590	679		8,141.54	11.99	.004	13.80	.05
@HOME HEALTH AGENCY	258	9,403	\$	319,884.50	\$ 34.02	.059	\$ 1239.86	\$ 2.01
NURSE ANESTHESIST	26	186	\$	1,694.74	\$ 9.11	.001	\$ 65.18	\$.01
NURSE MIDWIFE	18	193	\$	6,330.93	\$ 32.80	.001	\$ 351.72	\$.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	27	44	\$	1,243.55	\$ 28.26	.000	\$ 46.06	\$.01
@TOTAL HOSPITAL	21,569	100,790	\$	12,420,098.69	\$ 123.23	.633	\$ 575.83	\$ 78.04
HOSP INPATIENT TOTAL	1,882	8,137		10,168,613.50	1249.68	.051	5403.09	63.89
HSC HOSPITALS	310	1,850		2,429,882.36	1313.45	.012	7838.33	15.27
NON-HSC HOSPITAL TOTAL	1,148	4,744		7,399,898.75	1559.84	.030	6445.90	46.50
ACCOMMODATIONS	1,119	4,744		2,424,759.49	511.12	.030	2166.90	15.24
ADMINISTRATIVE DAYS	14	172		39,321.00	228.61	.001	2808.64	.25
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,112	4,572		2,385,438.49	521.75	.029	2145.18	14.99
ANCILLARIES	1,147	0		4,975,139.26	.00	.000	4337.52	31.26
INPATIENT CROSSOVERS	440	1,543		338,832.39	219.59	.010	770.07	2.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	20,624	92,653		2,251,485.19	24.30	.582	109.17	14.15
MEDICAL	2,700	4,152		117,574.42	28.32	.026	43.55	.74
SURGERY	1,388	1,611		58,124.98	36.08	.010	41.88	.37
PATHOLOGY	8,293	34,996		465,215.69	13.29	.220	56.10	2.92

RADIOLOGY	4,641	6,484		447,589.09	69.03	.041	96.44	2.81
ROOM USE	10,899	15,965		601,804.72	37.70	.100	55.22	3.78
CROSSOVERS/ALL OTH OUTPTNT	9,237	29,445		561,176.29	19.06	.185	60.75	3.53
@COUNTY HOSPITAL TOTAL	71	323	\$	108,674.80	\$ 336.45	.002	\$ 1530.63	\$.68
CO HOSPITAL INPATIENT TOTAL	10	91		99,652.07	1095.08	.001	9965.21	.63
HSC HOSPITALS	10	91		99,652.07	1095.08	.001	9965.21	.63
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	62	232		9,022.73	38.89	.001	145.53	.06
MEDICAL	16	19		676.60	35.61	.000	42.29	.00

SURGERY	13	17	1,002.61	58.98	.000	77.12	.01
PATHOLOGY	14	58	1,044.94	18.02	.000	74.64	.01
RADIOLOGY	12	17	1,299.78	76.46	.000	108.32	.01
ROOM USE	38	55	2,726.94	49.58	.000	71.76	.02
CROSSOVERS/ALL OTH OUTPTNT	29	66	2,271.86	34.42	.000	78.34	.01

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 2,879 01/29/04

159,154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21,514	100,467	\$ 12,311,423.89	\$ 122.54	.631	\$ 572.25	\$ 77.36
COMM HOSP INPATIENT TOTAL	1,873	8,046	10,068,961.43	1251.42	.051	5375.85	63.27
HSC HOSPITALS	300	1,759	2,330,230.29	1324.75	.011	7767.43	14.64
NON-HSC HOSPITALS TOTAL	1,148	4,744	7,399,898.75	1559.84	.030	6445.90	46.50
ACCOMMODATIONS	1,119	4,744	2,424,759.49	511.12	.030	2166.90	15.24
ADMINISTRATIVE DAYS	14	172	39,321.00	228.61	.001	2808.64	.25
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,112	4,572	2,385,438.49	521.75	.029	2145.18	14.99
ANCILLARIES	1,147	0	4,975,139.26	.00	.000	4337.52	31.26
INPATIENT CROSSOVERS	440	1,543	338,832.39	219.59	.010	770.07	2.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20,577	92,421	2,242,462.46	24.26	.581	108.98	14.09
MEDICAL	2,685	4,133	116,897.82	28.28	.026	43.54	.73
SURGERY	1,375	1,594	57,122.37	35.84	.010	41.54	.36
PATHOLOGY	8,281	34,938	464,170.75	13.29	.220	56.05	2.92
RADIOLOGY	4,630	6,467	446,289.31	69.01	.041	96.39	2.80
ROOM USE	10,870	15,910	599,077.78	37.65	.100	55.11	3.76
CROSSOVERS/ALL OTH OUTPTNT	9,212	29,379	558,904.43	19.02	.185	60.67	3.51
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3,269	104,566	\$ 11,663,334.00	\$ 111.54	.657	\$ 3567.86	\$ 73.28
LEV A-INTERMEDIATE	77	2,509	125,620.62	50.07	.016	1631.44	.79
LEV B-REHAB MD	37	1,196	121,999.39	102.01	.008	3297.28	.77
LEV B-SUBACUTE FREESTANDING	2	50	19,434.65	388.69	.000	9717.33	.12
LEV B-SUBACUTE HSPTL BASED	2	75	43,309.95	577.47	.000	21654.98	.27
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3,153	100,736	11,352,969.39	112.70	.633	3600.69	71.33
@INTERMEDIATE CARE FACIL.-DD	25	751	\$ 92,847.98	\$ 123.63	.005	\$ 3713.92	\$.58
ICF DDH	12	365	48,810.17	133.73	.002	4067.51	.31
ICF DD	12	357	38,736.90	108.51	.002	3228.08	.24
ICF DDN/DDCN	1	29	5,300.91	182.79	.000	5300.91	.03
@HEMODIALYSIS TOTAL	99	407	\$ 76,900.18	\$ 188.94	.003	\$ 776.77	\$.48
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	99	407	76,900.18	188.94	.003	776.77	.48
@REHABILITATION FACILITY	140	1,783	\$ 29,134.08	\$ 16.34	.011	\$ 208.10	\$.18
HOSPITAL BASED	19	41	2,049.63	49.99	.000	107.88	.01
INDEPENDENT FACILITY	121	1,742	27,084.45	15.55	.011	223.84	.17
@LABORATORY FACILITY	2,261	7,880	\$ 126,841.66	\$ 16.10	.050	\$ 56.10	\$.80
PATHOLOGY	2,238	7,822	126,423.17	16.16	.049	56.49	.79
XO AND OTHERS	23	58	418.49	7.22	.000	18.20	.00
@ORGANIZED OUTPATIENT CLINIC	9,329	18,120	\$ 1,784,565.61	\$ 98.49	.114	\$ 191.29	\$ 11.21
CLINIC	1,393	4,578	96,431.26	21.06	.029	69.23	.61
SURGICENTER	277	1,209	56,229.62	46.51	.008	203.00	.35
HEROIN DETOX CLINIC	2	14	175.95	12.57	.000	87.98	.00
RURAL HEALTH CLINIC	7,720	12,319	1,631,728.78	132.46	.077	211.36	10.25

#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 2,880 01/29/04

159,154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9,199	423,992	\$ 1,774,180.36	\$ 4.18	2.664	\$ 192.87	\$ 11.15
DURABLE MED. EQUIP.	567	2,526	352,470.32	139.54	.016	621.64	2.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	33	40	6,850.18	171.25	.000	207.58	.04
MEDICAL TRANSPORTATION	1,670	33,320	274,558.80	8.24	.209	164.41	1.73
AMBULANCES/AIR TRANS	1,379	16,449	186,169.73	11.32	.103	135.00	1.17
OTHER TRANS	161	14,715	31,221.15	2.12	.092	193.92	.20
OTHER SERVICES	172	2,156	57,167.92	26.52	.014	332.37	.36
ACUPUNCTURE	15	44	810.97	18.43	.000	54.06	.01
ADULT DAY HEALTH CARE CTR	37	598	41,548.73	69.48	.004	1122.94	.26
GENETIC DISEASE TESTING	276	277	28,429.00	102.63	.002	103.00	.18
IHMC,MODEL-NF,NF,AIDS,MSSP	657	4,565	326,449.64	71.51	.029	496.88	2.05
OCCUPATIONAL THERAPIST	2	5	103.00	20.60	.000	51.50	.00
OPTICIAN	1,823	3,891	39,849.43	10.24	.024	21.86	.25
PHYSICAL THERAPIST	2	15	246.79	16.45	.000	123.40	.00
PORTABLE X-RAY	72	147	986.06	6.71	.001	13.70	.01
PROSTHETIST/ORTHOTISTS	120	272	30,868.36	113.49	.002	257.24	.19
PROSTHETICS	120	272	30,868.36	113.49	.002	257.24	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	17	22	665.35	30.24	.000	39.14	.00
SPEECH AND AUDIOLOGY	363	933	53,191.45	57.01	.006	146.53	.33
HOSPICE SERVICES	69	2,363	217,638.29	92.10	.015	3154.18	1.37
NONINST BIRTHING CENTERS	2	2	2,231.87	1115.94	.000	1115.94	.01
LOCAL EDUCATION AGENCIES	2,179	29,517	192,436.51	6.52	.185	88.31	1.21
EPSDT SUPPLEMENTAL SERVICE	1	4	117.64	29.41	.000	117.64	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,706	345,451	204,727.97	.59	2.171	120.00	1.29
@CALIF. CHILDREN SERVICES*	784	21,561	\$ 1,584,074.42	\$ 73.47	.135	\$ 2020.50	\$ 9.95
@XOVER EXCLUDING STATE HOSP**	9,097	60,457	\$ 1,127,450.27	\$ 18.65	.380	\$ 123.94	\$ 7.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.